

# **Refill & Test Results Policies**

Due to the extremely high volume of telephone messages received regarding medication prescriptions and refills, the physicians of the Mid-Tennessee Bone & Joint Clinic have initiated the following policy:

### Refills

- 1. Patients should ask for prescriptions and refills at the time of their office visits.
- 2. Routine medication refills should be requested during working hours (7:30 AM to 3:30 PM, Monday-Friday)
- 3. Please call your pharmacy when a refill is needed. It is necessary for us to speak with your pharmacist when considering medication refills or changes.
- 4. **Do not wait until you are completely out of your medication to request a refill.** Contact your pharmacy at least 48 hours before your medicine runs out.
- 5. If you have not seen the doctor within the last six (6) months, an office examination is usually required to refill a prescription. In some cases, more frequent office examination may be required. To schedule an appointment, please call 931.381.2663.
- 6. Refills will be called to the pharmacy **after** 5:00 PM. Please call the pharmacy to see if a prescription has been approved. **Do not call the office to see if your prescription has been called in**. Your doctor is seeing patients during the day and will respond to your request for refills at the earliest convenience.
- 7. Patients who are scheduled for a **Clinical Appointment** such as cast change or dressing change will not see a physician. **No prescription will be given during a clinical appointment.**

#### **After Hours**

- 8. Absolutely **No Refills** for pain medication will be filled after hours or on weekends.
- 9. Do not call the "On-Call" physician unless you have a serious medical problem. **Routine Refills are NOT an Emergency.**

## **Refills that Require Pre-Approval**

- 10. If you are requesting a refill for which your insurance company requires approval, remember to allow up to 5 working days for this refill.
- 11. We **cannot** refill lost, damaged, or stolen prescriptions.

#### **Test Results**

Please call the office or schedule a return office visit *as instructed by your doctor* for test results. The physician may contact you sooner at their discretion.

Thank you in advance for your cooperation with these policies.

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