



## PRESCRIPTION POLICY

- WSO will manage **POST-OPERATIVE** pain only and may prescribe medication up to 4 weeks.
- In accordance with Colorado Law (SB18-022), each patient's drug history will be queried prior to issuing a narcotic prescription.
- Prescriptions may be refilled **MONDAY through THURSDAY ONLY, NO Friday, holiday or weekend refills.**
- We require a minimum of **48 HOURS** notice to process a prescription renewal and/or pick-up requests.
- Patient is responsible for knowing when medication(s) needs to be refilled.
- Prescription pick-up: Monday-Friday during business hours **ONLY** (8am-5pm).
- Prescriptions will not be filled for unauthorized "walk-in" patients.

**\*\*Note: The Physicians may be inaccessible because of surgery & clinic schedules and therefore not available to authorize refills. Please plan ahead.\*\***

- Non-controlled or non-narcotic prescriptions require a follow up appointment every 4 weeks.
- Controlled-substances/narcotic prescriptions require a follow up appointment every 2-4 weeks.
- New symptoms and/or events require a clinic appointment. Provider is unable to diagnose over the phone.
- We require a signed "**Controlled Substance Policy**" statement on hand if you are requesting or using narcotics or controlled medications.
- No early refills or prescription replacement if medications are overused/abused/misused. You must follow prescription directions.
- Medications are for the prescribed individual's use only. It is illegal to "share" your medicine.
- Patient must pick-up their controlled substance prescription(s) in person, unless pre-authorized by staff.
- If you live outside of Montrose County and are unable to pick up your paper prescription, you may request WSO to send your paper prescription as certified mail. The cost for certified mail including labor & supplies to prepare the paper prescription is **\$15**. This is not part of insurance and will not be charged to your insurance but is offered as a convenience for you.

**THESE PROTOCOLS ARE RECOMMENDATIONS OF THE COLORADO BOARD OF MEDICAL EXAMINERS AND THE DRUG ENFORCEMENT AGENCY (DEA).**

**I understand and accept the protocol listed above. My failure to comply may result in the immediate termination of prescriptive medications.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand my representative must provide valid photo identification each time he/she picks up my prescription(s). This authorization will remain active until I revoke it by contacting the staff at Western Slope Orthopaedics.

Name of person authorized to pick up Rx: \_\_\_\_\_

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Name of person authorized to pick up Rx: \_\_\_\_\_

**We strive to offer the best care and services for each of our patients in a timely manner. Because Physicians are often inaccessible due to surgery or inpatient needs, the above protocols are essential and necessary to manage a busy clinic efficiently. Thank you for your cooperation and understanding.**

**Sincerely,  
The Physicians and Staff of Western Slope Orthopaedics**