

ARTHRITIS CENTER *of* ORLANDO  
1550 Citrus Medical Court  
Ocoee, FL 34761  
Tel 407 570 2777 Fax: 407 757 0271

Mail in Pharmacy Name \_\_\_\_\_ Phone # \_\_\_\_\_

- **NO prescription refills will be done on Fridays, Saturdays, Sundays and Holidays.**
- **We require 48 Hours minimum to process prescription renewal and /or pick-up requests.**
- **The patient is responsible for knowing when medications will need to be refilled (no early refills).**
- **Prescription phone-in/pick-up: Monday-Thursday during business hours ONLY (8:00am-4:30pm).**
- **Prescriptions will not be filled for unauthorized “walk-in” patients.**
- **Mail order prescriptions cannot be called in. Your mail order pharmacy must fax a refill request. Patient will be given a written prescription which they can submit to their mail order pharmacy on their own.**
- **Non-controlled/non-narcotic prescriptions require a follow up appointment 1-3 months at doctor’s request.**
- **Controlled substances/narcotic prescriptions require a follow up appointment every 30-60 days and will not be done for mail order.**
- **New symptoms and/or events require a clinic appointment. Provider is unable to diagnose via phone.**
- **No early refills if medications are overused/abused/misused. Must follow prescription directions.**
- **No medication/prescription will be replaced if lost, stolen, misplaced, overused, etc. (TREAT LIKE MONEY!!).**
- **Medications are for the prescribed individual’s use only. It is illegal to “share” your medicine.**
- **Patient must pick-up his/her prescription(s) in person, unless pre-authorized by staff.**

**These protocols are per recommendations of the (FLORIDA)**

**Board of Medical Examiners & DEA**

I understand and accept the protocol listed above. Failure to comply may result in immediate termination of prescription medications.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: