



PRESCRIPTION REFILL POLICY

Patient Name: _____ DOB: _____

We strive to process your prescription requests as quickly as possible, as your health is our top priority. To help us do so, please review the following guidelines:

Prescription Refill Requests:

- Please call in your refill request at least a week in advance.
- Most prescriptions are processed within two (2) business days.
- Bioidentical hormone and thyroid prescriptions may require three (3) or more business days to complete.

Office Visit Requirements:

- You must be seen in our office at least once per year for an examination.
- Depending on your diagnosis, more frequent visits may be required (for example, every 3 to 6 months).
- Please schedule appointments far enough in advance to avoid running out of medication. Prescriptions may not be refilled if you have not had a visit within the past year.

Bioidentical Hormone Replacement Therapy (BHRT) Prescription Refill Requirements:

- Female Patients:
 - Your annual exam may include a Pap smear/pelvic exam and breast exam.
 - These exams may be performed at Born Clinic or elsewhere. If completed elsewhere, please request that results be sent to our office before submitting your refill request, as refills may be delayed without updated records.
 - Please note: An annual pelvic exam performed at Born Clinic may still be required to prescribe BHRT.
 - Annual breast imaging (thermography, mammogram, ultrasound, or MRI) is required.
 - Annual bloodwork is required (every 6 months may be necessary for some patients).
 - Testosterone prescriptions must be updated every 6 months.
- Male Patients:
 - An EKG is required at your annual visit.
 - A PSA blood test is required every 12 months.
 - Bloodwork is required every 6 months.
 - Prescriptions must be updated every 6 months.

Thank you for working with us to provide you with the best possible care!

Written Acknowledgment - Receipt of Prescription Refill Policy:

I have read and understand Born Clinic's Prescription Refill Policy and agree to its terms. I acknowledge that I have received a copy of this policy and understand that the practice may amend these terms at any time.

Patient (or Guardian) Signature: _____ Date: _____