## **Medication Refills/Medical Records Requests**

Greenville Orthopedics works hard to ensure that your needs are met in a timely manner, but there will be instances when the volume of work prevents us from immediately responding to your requests. As such, the following applies to medication refills, medical records requests, disability paperwork and FMLA forms. PLEASE PLAN ACCORDINGLY.

## **Medication Refills:**

- Please call your pharmacy to request medication refills. The pharmacy will then contact our office with your request.
- Medication refills, once requested by your pharmacy, can take up to 3 business days (72 hours) to be filled if deemed medically necessary by Greenville Orthopedics. No prescriptions will be refilled on Saturdays, Sundays, or holidays.
- NO PRESCRIPTIONS WILL BE FILLED OR REFILLED ON FRIDAYS.
- Dr. Thomas prescribes narcotic medications to patients with acute injuries or those who have had surgery. Dr. Thomas does not treat chronic pain.
- If more than 6 weeks has passed since your last appointment, your prescription will NOT be refilled. You will need to schedule an appointment and be seen by Dr. Thomas to determine whether a new prescription is medically necessary.
- Refills can only be authorized on medications prescribed by Dr. Thomas. We will not refill medications prescribed by other providers.

## Medical Records/Disability Paperwork/FMLA Paperwork:

- Medical records requests take a minimum of 7 business days to process and provide. We do not charge a fee for this service
- In order to release your records, we must have a signed and dated Request for Release of Medical Records on file.
- Please allow 7 business days for disability and/or FMLA paperwork to be completed. A \$20 fee is assessed for completion of *EACH* set of forms.

By signing, you acknowledge that you have read and understand the policies implemented by Dr. Jack M. Thomas (Greenville Orthopedics) regarding your medication refills, medical records, disability forms and Family Medical Leave Act forms.

Patient Name (Printed)

Patient Signature