

**Kiddie West Pediatric Center  
4766 West Broad St.  
Columbus, OH 43228  
614-851-7337**

**CONTROLLED MEDICATION POLICY  
All ADHD medication as well as antipsychotics**

1. All patients currently on these medications must be seen every 1 to 3 months as directed by the physician.
2. Appointments must be made 30 days in advance to keep the medication schedule. There will be no exception!
3. The following is REQUIRED in order to receive any monthly refills:
  - a. Only the parent/guardian is able to pick up the prescription.
  - b. A photo ID.
  - c. The last prescription bottles (including school and/or daycare bottles)
  - d. Any notes or letters from the school and/or daycare.
4. Account balances must be current prior to the receipt of any new prescriptions, unless prior arrangements have been made through our billing department.
5. Medication(s) may be discontinued or discharged from the practice if there are any discrepancies.
6. The controlled medication(s) may be discontinued during the summer months at the discretion of the physician.
7. During the months that patients are not required to be seen by the physician to refill medication, all requests require a 72 hour notice and are available for pick-up Monday thru Friday from 9-6. No pick up or requests can be made on the weekends.
8. Parents must notify the physician if any other physicians are prescribing similar medications. Failure to do so will result in prosecution and immediate discharge from Kiddie West Pediatric Center.
9. All pharmacy information including telephone numbers are required below.
10. Random monitoring of remaining dosages may be enforced by having the medication (in the bottle) brought to our office on the same day as notified to be accounted for.
11. Kiddie West Pediatric Center is a member of OARRS (Ohio Automated Rx Reporting System) and will take all necessary means in order to protect our patients and office.

I have read and will abide by the above guidelines.

---

Parent(s) or Guardian(s) Date

---

KWP Representative Date

---

---

---

Pharmacy Name

Phone Number