

Chapel Hill Psychiatric Associates, PA

Directions for requesting additional stimulant prescriptions

- DEA regulations require the pharmacy receive the original, signed, paper prescription.
 - We cannot add refills to the prescription.
 - We cannot fax, call-in or e-prescribe the prescription(s).
 - Stimulant prescriptions are not available outside of business hours.
- When clinically appropriate, we are allowed to write for up to 90 days of medication as either
 - Three - 30 day prescriptions or
 - One - 90 day prescription
 - 90 day prescriptions must be written by Dr. Ware and require additional processing time.
- Stimulant prescriptions may be requested by submitting the **Stimulant Prescription Request Form** by fax, mail or hand delivery at least one week before the prescription is needed.
 - Please allow additional processing time if you are requesting mail delivery and/or 90 day prescriptions.

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STIMULANT PRESCRIPTION REQUEST FORM

Please remember that you must have an original, signed prescription to obtain stimulant medication from your pharmacy.

Patient name: _____

Provider: Transue Ware

ROUTINE REFILL REQUEST – Requires up to one week to process. Additional time for mailing and 90 day RX's

Pick-up at the office. Provide contact information if you would like to be notified when the prescription is ready:

Name: _____ Phone: _____

Mail to (address) _____

*** CHPA staff only: Initial and date Called _____ Mailed _____ Date: _____ ***

MEDICATIONS REQUESTED

- Brand name only** (circle brand name) **One 30 day RX** for each medication
 Three 30 day RX for each medication **One 90 day RX** for each medication (requires extra processing time)

AMPHETAMINES immediate release

- Dextroamphetamine** (*Dexedrine*) _____ mg _____ # pills/day
 Mixed amphetamine salts (*Adderall*) _____ mg _____ # pills/day

AMPHETAMINES extended release

- Dextroamphetamine spansules** (*Dexedrine Spansules*) _____ mg _____ # pills/day
 Lisdexamfetamine (*Vyvanse*) _____ mg _____ # pills/day
 Mixed amphetamine salts extended release (*Adderall XR*) _____ mg _____ # pills/day

METHYLPHENIDATES immediate release

- Methylphenidate IR** (*Ritalin, Metadate, Methylin*) _____ mg _____ # pills/day
 Dexmethylphenidate (*Focalin*) _____ mg _____ # pills/day

METHYLPHENIDATE extended release

- Dexmethylphenidate extended (biphasic 50% -50%)** (*Focalin XR*) _____ mg _____ # pills/day
 Methylphenidate extended (single phase) (*Ritalin SR, Metadate ER*) _____ mg _____ # pills/day
 Methylphenidate extended (biphasic 30% -70%) (*Metadate CD*) _____ mg _____ # pills/day
 Methylphenidate extended (biphasic 50% -50%) (*Ritalin LA*) _____ mg _____ # pills/day
 Methylphenidate OROS extended (biphasic 22% -78%) (*Concerta*) _____ mg _____ # pills/day
 Methylphenidate patch (*Daytrana*) _____ mg

SPECIAL REFILL REQUESTS (MUST BE PICKED UP AT OFFICE)

(Special refill requests are available only when a medication provider is in the office and has sufficient time to complete the prescription process. A covering provider may limit the quantity of medication prescribed regardless of the fee paid.)

- Urgent** - 2-3 business days processing **\$10 FEE**
 Same day – Written request received by 9 am **\$25 FEE**
 Late same day or Walk-in – Written request received after 9 am **\$40 FEE** } *****DUE AT PICK-UP*****

*** CHPA staff only: Fee paid by CC check Cash Amount _____ INI _____ Date: _____ ***

Signature of person picking up prescription:

X

Date:

610 Jones Ferry Road
Suite 208
Carrboro, NC 27510-6113

Tel: 919.636.5695
Fax: 919.442.1105