ADD/ADHD Evaluation and Treatment

manage properly; we are impleshed; we dication, regular 3-regular arise.			
_	there will only he 2 availa	ble ½ days during the week	for you to nick
up your child's prescription. St	•	, ,	
Friday afternoons from 1:30pr	• • • • • • • • • • • • • • • • • • • •		acsaay ana
If you call Monday, Tuesday o	•		av. If you call on
Thursday or Friday, you preso		-	ay. II you can on
	•	lways, with your child's nam	e date of hirth
medication, current dosage, a		• • •	
medication refills a week prior	•	·	
concerns, please let the perso	=		
appropriate/timely manner. Y		-	
well with your child's medicat	, •	-	
should be addressed.	ion featherne desage of in f	ou have first questions of or	oneens ende
	edication or changing med	ications, you are required to	call within one
week to let us know how your		-	
to do/when to call again. A 3-i	_	_	-
your initial medication visit.			
•	r child's medication and ar	ny issues with this diagnosis,	a follow up
appointment every 6 months		-	
weight, blood pressure, and se		-	
bring with you to your appoin	·		•
to the increase of our ADD/AD			
appointment times currently a	•	•	
proper notification or without			
from this practice. We will ma	•	·	•
	-	unt of time and are not able	to be worked
in with regular well child app			
when scheduling an appointm	• •		
enough time can be allotted. \		_	
other type of visit.		,	0 ,
* *	not pick up your child's pr	escription within the 30-day	expiration
period, and we need to rewrit			·
These policies are for the safe	•		e do not and will
not ever compromise the qua		-	
Danak (Cuardia a Nasas	Cian d		
Parent/Guardian Name	Signed		Date