



Tidewater Neurologists, Inc. & Sleep Disorder Specialists

PARTNERING FOR BEST SLEEP & BRAIN HEALTH

PRESCRIPTION MEDICATION POLICY

SLEEP DISORDER CENTERS

3235 Academy Avenue
Suite 305
Portsmouth, VA 23703
Tel. 757-686-9300
Fax 757-686-1514

300 Medical Parkway
Suite 108
Chesapeake, VA 23320
Tel. 757-549-8800
Fax 757-547-8180

2713 Magruder Blvd
Suite G3
Hampton, VA 23666
Tel. 757-262-0390
Fax 757-262-0391

4480 Holland Office Park
Bldg 2, Suite 225
Virginia Beach, VA 23452
Tel. 757-228-5801
Fax 757-228-5063

S. HABEEB RAHMAN, M.D.

*Diplomate of the American Board
of Neurology and Psychiatry*

ERIC GOLDBERG, M.D.

*Diplomate of the American Board
of Neurology and Psychiatry
Board Certified Sleep Medicine, ABPN*

HEMANG SHAH, M.D.

*Diplomate of the American Board
of Neurology and Psychiatry
Board Certified Sleep Medicine, ABPN
Diplomate of the American Board of Sleep Medicine*

REFILLS:

- Patients are to call the office to request refills (when at least one week supply is left in the bottle).
Refills WILL NOT be called in the same day as the request. _____
Patient Initial
- Refills will take 5 to 7 days for the office to process. **NO EXCEPTIONS.** _____
Patient Initial
- Any medication **SAMPLES** will be given to patients by the Doctor **ONLY** at the time of appointment.
- Any medication changes will be made at Patient's office visit **ONLY**. (i.e.: New medication **WILL NOT** be started from phone messages)
- Refills will not be called in for any patient who has not been seen in over **ONE YEAR.** _____
Patient Initial
- Refills will not be called in for **Controlled medications / pain medications** if patient has not been seen for more then **SIX MONTHS**.
- Patients taking controlled medications will be subject to random drug screenings at the patient's expense.

NARCOTIC / PAIN MEDICATIONS:

- Prescriptions for Narcotic medication are used for acute problems only. If long term use is necessary patients will be referred back to the Primary Care Physician or to a pain management specialist.

PRESCRIPTIONS MISUSE, ALTERATION OR FORGERY:

- Alteration of a prescription or use of a medication against medical advise **WILL NOT** be tolerated. It will result in termination of your care and prosecution as directed by state and federal law.

I have read and understand the Prescription Medication Policy.

Patient Signature

Date