Prescription Refill Policy

Dear Patient:

We strive to fulfill your prescription requests in a timely manner, as your health is very important to us. In order to do so, we are requesting that you please review the following:

1. We ask that you call in your prescription refill requests at least 3 days in advance; allow 1 to 2 business days for most refills. Bioidentical hormone and thyroid refills often take longer to process and may take up to 3 business days.
2. We require that you are seen at least once per year for an examination. Please schedule your appointment far enough in advance to avoid running out of your medication before your appointment. This appointment may be scheduled with any of our providers.
    a. If you are a female taking hormones:
        - Your annual exam will generally include a pelvic exam, breast exam, and breast imaging; such as thermography, mammogram or breast MRI.
        - Routine Pap smear screenings are needed every 2 to 3 years and may be done at our office or elsewhere.
        - If your breast imaging and/or Pap smear are performed elsewhere, you will need to contact your provider's office and ask for a copy to be sent to our office. Please do so before you call us for a refill. ***Your prescription refills may be delayed if we do not have up-to-date copies in your chart.***
    b. If you are a male taking hormones:
        - You will be required to have bloodwork done every 6 months, as well as an EKG with your annual visit.

We appreciate working with you to ensure high quality medical care. Thank you for choosing Born Clinic for your health care needs.

ADDRESS
3700 52nd St SE,
Grand Rapids, MI 49512

YOU WERE
BORN TO BE HEALTHY

(616) 656-3700
(616) 656-3701
BornClinic.com

Receipt of Prescription Refill Policy
Written Acknowledgement Form

I acknowledge that I have received a copy of Born Clinic's Prescription Refill Policy.

Patient Name: _____ DOB: _____

Patient Signature: _____ **Date:** _____

If signed by a personal representative:

Name of Personal Representative: _____

Signature of Personal Representative: _____

Relationship: _____ Date: _____

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