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Infants - Children - Adolescents

90 Millburn Ave., Suite 101, Millburn, NJ 07041
Telephone: (973) 378-7990 Fax: (973) 378-7991

Patient Name: _____

DOB: _____

BEHAVIORAL MEDICATION MANAGEMENT POLICY

Behavioral medications are controlled substances

These medications are tightly monitored and controlled by the state/ federal government. In order for our physicians to provide the best care for your child these guidelines must be followed:

1. After the initial prescription is given, the patient must be seen by the physician within one month to ensure the medication is benefiting the patient. If the medication is found to be therapeutic, a three month supply (90 days) will be given.
2. It is mandatory for the patient to be seen every three months for a follow up. The patient will not be permitted to schedule an appointment beyond three months unless extenuating circumstances.
3. Medications cannot be refilled through our nurse triage line.
4. Any requests for changes in medications could potentially require an office visit with the physician.
5. Due to these enforced laws these drugs cannot be replaced if “lost”. If the doctor agrees to reissue a prescription, a \$5.00 fee will incur.
6. Follow up visits, combined with your annual physical exam, may incur and out of pocket expense such as co-pay, co-insurance, or deductible.

I have read the above guidelines for medication treatment and agree to the terms.

Parent/Guardian Signature: _____ (If patient is <18 years of age)

Patient Signature: _____ (If patient is 18 years or older)

Date: _____