



Phone: (563) 382-3929

www.donlonpharmacy.com

Fax: (563) 382-9035

Agreement to Participate in the Synchronized Prescription Refill Service

Thank you for your interest in the Synchronized Prescription Refill Service. Advantages of participating in the program include:

- Increased convenience—a single monthly trip to the pharmacy.
- Peace of mind from being able to get medications on time and in one order.
- More personal contact with your pharmacist to ask questions and discuss medications.
- Increased understanding of your medication, its purpose, potential side effects and costs.
- Your prescription records can be more easily updated to reflect changes to therapy made by doctors or upon hospital discharge.

I understand the program advantages and the following conditions of participation to achieve the maximum benefits from the service.

I hereby agree:

- To accept a phone call each month from the pharmacy to discuss my prescription refills.
- To pick up medications on my assigned refill date.
- If necessary, to pay an extra co-pay *one time* for each medication in order to make all refills due on the same day.
- To keep an open dialogue with my pharmacist regarding doctor’s appointments, hospital/urgent care visits, and changes in my health status.
- To pay the annual sign-up fee of \$10 unless it is waived by the pharmacist. Fee will be waived if the patient's doctor has requested this service in writing.

Best time of day to call: _____

Days of the week/ times we should **not** call: _____

Preferred Phone Number: _____

I have read this document, understand it, and have had all questions answered satisfactorily.

Patient Name (*Please print*)

Date of Birth

Patient Signature

Date

Pharmacist Signature

Date