



Neurological Surgery
M. Lawrence Drerup, M.D., FACS, FICS
Troy M. Vaughn, M.D., FACS
Gregory Dowd, M.D.

Family Practice
Stephen D. Downs, M.D.

Administration:
Don Barker, RN, CMM
Managing Partner

OFFICE POLICY
Stephen Downs, M.D.

1. Request for prescription refills are taken on Monday through Friday, 8 a.m. to 12 noon. Only exceptions are in cases of medical emergencies. No prescriptions will be refilled at night, on weekends, or holidays. At least 2 days notice should be given for refill requests. An attempt will be made to refill medications on the day requested; however, it may take 24 to 48 hours to refill medications. DO NOT repeatedly call the office to check the status of your refill. It is usually better to check with your pharmacy to see if the prescription has been refilled before calling the clinic.
2. There is a \$20.00 charge for all forms to be filled out by Dr. Downs. It must be paid in advance, by cash only.
3. In order to provide you with the best care possible, we ask that you make every effort to keep your scheduled appointment and arrive in a timely manner, 10-15 minutes prior to your scheduled appointment time. If you need to cancel or reschedule an appointment, we require 24 hours minimum notice. "Missed Appointments" or last minute cancellations leave empty appointment times, as well as other patients waiting to receive medical care. For that reason, patients that do not notify the office of a cancellation, or do not show up for an appointment, will be charged a cancellation fee as follows:

Less than 24 hours notice and Missed Appointments - \$20.00 cash

We realize that on a rare occasion, emergencies may arise and we will address these situations with you at this time.

We thank you for working with us to ensure services are provided to you in the best possible way.

Acknowledgement of Office Policies

Your signature on this document indicates your understanding and acceptance of our office policy. If you should have any questions regarding the policy, Dr. Downs' office will be happy to discuss them with you.

Patient Name: _____ Date: _____

Signature: _____