

Thank you for choosing **First Choice Community Healthcare** as your medical home! An important part of your care is receiving medications in a timely manner. We highly recommend using the patient portal when communicating with our clinics. If you do call, please call **M-F between 8am-5pm** for medication requests.

For **NEW** medications:

1. If you need to start a medication right away, call the pharmacy to notify them that you plan to pick up the medication soon. They can provide an estimated time for pick up.
2. The pharmacy will NOT always notify you when the medication is ready for pick up. If 24 hours have passed, call the pharmacy to check the status of the medication.
3. Please notify the clinic as soon as possible if you are informed the pharmacy has not received the prescription.

For **REFILLS**:

1. Check your medication bottle – The label will have “refills” on the bottle with a date.
2. Contact your **pharmacy** – If your bottle says “**1**” or **more refills**, you can call the pharmacy to ask for a medication refill before the date on the bottle.
3. Contact the **clinic** – If your bottle says “**0**” **refills**, you will need to contact the clinic to request more refills. In some cases, an appointment with your PCP will be required. Refill requests can take up to 72 hours (not including weekends and Holidays) to be completed and sent to the pharmacy.
4. Waiting for your prescription refill? **Contact the pharmacy** – The pharmacy may take 24 hours to fill a prescription once it is received from our office. If 48 hours have passed, call the pharmacy to check on the medication.

**To prevent missed doses of medication, please start the above process when you have 7-10 days left of medication.**

**How to read your medicine label**

The infographic shows a sample prescription label for **Local Pharmacy** at 123 MAIN STREET, ANYTOWN, USA 11111, with phone number (800) 555-5555. The doctor is **DR. C. JONES**. The patient is **JANE SMITH** at 456 MAIN STREET, ANYTOWN, US 11111. The prescription is for **AMOXICILLIN 500MG CAPSULES**. The label includes a barcode, a prescription number **NO 0060023-082981**, and a date **DATE 06/23/18**. The instructions are **TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN**. The quantity is **QTY NO REFILLS - DR. AUTHORIZATION REQUIRED** and the strength is **MRG USE BEFORE 06/23/18 SLF/SLF**. A **SPECIAL INSTRUCTIONS** box is also present.

Callouts on the left side of the label:

- Pharmacy name and address
- Number used by the drugstore to identify this drug for your refills
- Person who gets this drug
- Instructions about how often and when to take this drug
- Name of drug and strength of drug
- Number of refills before certain date

Callouts on the right side of the label:

- Doctor's name
- Drugstore phone number
- Prescription fill date

Callout at the bottom right: **Don't use this drug past this date**