

**Appointments:**

Clinic hours are 8:00 a.m. to 4:00 p.m. Monday - Friday. Patient appointments are scheduled by calling our clinic during regular hours at 972-770-1032. Should you need to cancel an appointment, we ask for 24 hours' notice. If three (3) or more appointments are missed without notifying us of cancellation (e.g. same day no show), you are subject to limited rescheduling availability, not being able to reschedule for 90 days or being discharged from our clinic. If you arrive late, you may be asked to reschedule your appointment. If you are a new patient and your new patient paperwork is not completed prior to your appointment, you could be asked to reschedule your appointment or your appointment time will be changed during the same day.

All disability forms will be reviewed and completed on a case by case basis. You must be a current patient with on-going care and compliant with your provider's treatment plan. Forms will not be completed during your appointment.

**After Hour Emergency Situations: In an emergency, please call 911 or go to the nearest emergency room.**

**Prescription Refill Requests:**

All requests for prescription refills must be made 48 hours in advance. You must have your pharmacy fax us for your refill request. In order to re-write a controlled drug prescription when it is not filled within the 21 day deadline, the original prescription must be returned to our clinic before a new prescription will be provided. If the controlled substance prescription or medication is lost, misplaced or stolen it must be reported to the police and will NOT be replaced without a copy of the police report. Controlled substance prescriptions will NOT be authorized for mail order. Do NOT call Green Oaks Hospital for refills. They will NOT be able to assist you.

**Pharmacy Information:**

Preferred Pharmacy Name: \_\_\_\_\_ Pharmacy Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_ Pharmacy Fax Number \_\_\_\_\_

**Prescription Order Pick-Up:**

There may be times when you need a friend or family member to pick-up a prescription order (script) from your physician's office. In order for us to release a prescription to your family member or friend, we will need to have a record of their name. Prior to release of the script, your designee will need to present valid picture identification and sign for the prescription.

\_\_\_\_\_ (Patient initials) I wish to designate the following family member/friend to pick up an order on my behalf:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Patient initials) I do not want to designate anyone to pick-up my prescription order.

Patient Signature \_\_\_\_\_

Date / Time \_\_\_\_\_

Patient Name (Printed) \_\_\_\_\_

DOB: \_\_\_\_\_



**GREEN OAKS HOSPITAL** 7808 Clodus Fields Drive • Dallas, TX 75251  
(972) 991-9504

**OUTPATIENT CLINIC  
PHARMACY, PRESCRIPTION & APPOINTMENT  
INFORMATION**



\*PINS\*

PATIENT IDENTIFICATION