



Wellness Pharmacy (3401 Independence Drive, Suite 231, Birmingham, Alabama 35209) realizes that based on a patient's medical condition and choice of practitioner, it is sometimes necessary for the patient to travel distances, even out of state, to receive medical care. In these cases it is important that Wellness Pharmacy ensures there is a valid patient-practitioner relationship. Prescriptions received outside of this relationship would not be valid and will not be dispensed. A valid patient-practitioner relationship is essential for proper diagnosis and follow-up care of the patient. The medication dispensed pursuant to a prescription for your patient may only be administered to the patient for whom the medication is prescribed. The administration of medication to a patient other than the patient to whom the medication is prescribed is a violation of United States federal law. Resale or dispensing of this medication out of your office is also a violation of United States federal law.

We ask that you read the following and if you agree, sign this document and fax back to Wellness Pharmacy at 1-800-369-0302. We may also be contacted with any questions at 1-800-227-2627.

I, as a practitioner, with appropriate licensure in the state in which I practice, do establish a valid patient-practitioner relationship with each of my patients. This relationship is established by a face to face examination with the patient at least once annually or a consultation with another practitioner who has an ongoing patient-practitioner relationship with the patient and agrees to supervise the patient's care. I also agree that the medications administered in my office are only administered to the patient for whom the medication is prescribed and whose name is on the prescription label. I also agree not to resale or dispense this medication to the patient or allow the patient to take this medication home with them.

By signing this document, you acknowledge that you have read and agree with the above statement and are in full compliance with this policy.

Practitioner Name: _____

Practitioner Signature: _____ Date _____