



Practice Policies:

Our practice specializes in the treatment of cancer with radiation; with that in mind the Physicians of Tacoma/Valley Radiation Oncology Center have adopted the policies below. **Please read and initial your acknowledgement next to each item.**

Prescription Refills: We will order and manage medications directly related to your radiation treatment. For your safety, we will not refill prescriptions that have been written by another physician, this **includes narcotic prescriptions**.

- **Weekdays:** For prescriptions written by physicians within our practice, please call your pharmacy, who will then call us if there are any questions. Please plan for 24 hours for your refill in the event that there are any unforeseen circumstances.
- **Holidays & Weekends:** Refill requests must be received by 2:00 pm on Friday or they will be approved the next business day. We cannot refill medications on the weekends or holidays (including narcotic medication).

Unique Prescription Needs: Should I want medical marijuana; I can consult my medical oncologist/referring physician. I acknowledge unique prescriptions of this kind are not prescribed through this practice.

Handicapped Parking Permits: Should I need a handicapped parking permit; I can consult my medical oncologist/referring physician. I acknowledge permits are not prescribed through this practice.

Mobility Support: When I have physical difficulties, there is a wheel chair available at each treatment facility. I will need to make arrangements to have someone come with me should I need help into and out of the treatment center. I acknowledge that staff members will not be able to assist.

Medication History look up authorization: I give consent to Tacoma/Valley Radiation Oncology Center to access my prescription history, and to transmit my prescription and required information securely & electronically.

Photography and video-recording: I acknowledge that for the safety of all patients and staff, I will not photograph or video record without written consent. Should I need a copy of any records or images, I can ask at the front desk where staff can help.

I acknowledge I have read and agree to the practice policies for patient care.

Patient Signature

Date