BETTER LIVING MEDICAL
HOME MEDICAL EQUIPMENT COMPOUNDING PHARMACY

1039 N Twin City Hwy Nederland, TX 77627
Phone 409-727-8660 Fax 409-727-8670

Consultation Agreement

To the Patient:

- Your medication information is confidential and will be handled according to our privacy policy. (see Privacy Agreement)
- The patient evaluation that you brought in and the lab results have been reviewed prior to your scheduled consultation.
- The time required for this review, the preparation of the preliminary medical information summary and the final report will be communicated to your physician and are included in your initial consultation charge which is $60.00 to $120.00 according to the time.
- The consultation appointment will last approximately 30 to 60 minutes.
- After this meeting, a report will be prepared by the Consultant Pharmacist and faxed to you physician.
- This report will be a summary of your information with dosing recommendations that must be APPROVED by your physician who will write prescriptions for your therapy.
- Review and approval may take 7-10 business days.
- Once we receive authorization from your physician your medication will be prepared.
- You will be contacted when the medications are ready to be picked up. One of your pharmacists will explain your dosing schedule in detail.
- You are asked to continue to track your symptoms so that we may make the required adjustments if necessary.
- If changes should become necessary, keep in mind that your physician must approve changes. This may take 7 to 10 business days.
- We will continue to monitor your progress for the next 3 months. This is part of your initial consultation fee. As you refill your medications any condition changes should be conferred to the pharmacist.
- Phone calls will be taken and /or returned as soon as possible. Our goal is to return all calls by the end of the day. However, on high volume days it may be the next business day.

I have read this Consultation Agreement and understand that it is in my BEST interest that I adhere to the above-mentioned guidelines to achieve optimal benefit from this therapy.

Patient Signature_____ Date _____