

Medication Policy & Disclosure

Medication Policy Pain medications will normally be prescribed during a patient's post-operative period. Use of pain medications after a patient's post-operative period can be managed by NTOS short term or pain management specialist for long term. As a patient, I acknowledge that there is an addiction risk associated with usage of opioids. I also acknowledge that issues regarding drug management, diversion, and the use of other substances exist when being prescribed opioids by a provider.

Refills Medications prescribed by our office are primarily accepted from a pharmacy during regular business hours, Monday-Friday from 8:30 am to 5:00 pm. Patients requesting a refill will need to call their pharmacy first and the pharmacy will request the refill from our office, it will be processed in one business day. Refills are not authorized on Saturdays or Sundays.

Authorization Policy and Ownership As a courtesy, we try to remind patients when authorization is required prior to a scheduled appointment. It is the patient's responsibility to ensure an authorization is obtained and current during their time of care. Patients who do not obtain an authorization prior to their appointment will need to reschedule their appointment. As a specialty office, we are sometimes unable to obtain authorizations on a patient's behalf. Therefore, the patient will need to initiate authorization through their primary care physician. Disclosure of Physician Ownership Vudhi Slabisak, M.D. is the owner and/or investor Lone Star Surgical, LLC, Neuro Vital, LLC, Allure Anesthesia, LLC, and Vital Assistance, LLC. Services provided by these facilities may be out of network, and as a result you may receive an out of network bill. However, you have the right to choose the provider of your healthcare services. Therefore, you have the option to use the healthcare facility of your choice. You will not be treated differently by Vudhi Slabisak, M.D. or NTOS if you choose to have services performed at a different facility. I have read and acknowledged the Notice of Privacy Practices, Medication and Refill Policy, Authorization Policy, and Disclosure.