

IMPORTANT INFORMATION --- PLEASE READ CAREFULLY

Fall 2008

Dear Student:

All incoming students who expect to have Health Services participate in writing or re-writing prescriptions for Schedule II stimulants such as Ritalin, Dexedrine, Adderall or Concerta, among others, are required to have a letter of testimony from their prescribing physician.

The providing physician must indicate in a letter **on his/her own letterhead**, the dose to be taken, the amount to be dispensed for a thirty-day (30) period, and also indicate that they will continue to monitor and be responsible for the medication and its effects.

The URI Health Services Pharmacy presently carries on its Formulary, Amphetamine Salts (Adderall) 10 mg and 20 mg tablets, Methylphenidate (Ritalin) 10 mg tablets, Dextro Amphetamine (Dexedrine) 5 mg tablets and Adderall XR 10 mg and 20 mg capsules. All other medications requested can be purchased at local retail pharmacies.

The following information **must** be included in the letter:

- ❖ Student's Name.
- ❖ Student's Date of Birth.
- ❖ Medication, dose and time to be taken.
- ❖ How many months to refill.
- ❖ First date to renew the medication.
- ❖ What arrangements have been made for follow-up.
- ❖ **A statement that the providing physician will monitor and be responsible for the prescribed medication.**

Please mail the letter directly to:

**Fortunato Procopio, MD, Medical Director
Dr. Pauline B. Wood Health Services
University of Rhode Island
6 Butterfield Road
Kingston, RI 02881-1116**

If the written statement attesting to these facts is not provided by your physician on his/her own letterhead, your prescription will not be rewritten at Health Services.

Thank you for your cooperation. Have a great summer!

Sincerely,

FORTUNATO PROCOPIO, MD
Medical Director – URI Health Services

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