

**SELWYN-LLOYD M<sup>c</sup> PHERSON MBBS, MD.**  
**SELSON CLINICS NEUROLOGY**  
**JEFFERSON PARK**  
**3632 West Market Street. Suite 102**  
**Fairlawn, Ohio 44333-2494**  
**Phone: 330.836.5333 Fax: 330.836.1775**  
**E-mail: [drmcpherson@selsonclinicsneuro.com](mailto:drmcpherson@selsonclinicsneuro.com)**  
**Website: [selsonclinicsneuro.com](http://selsonclinicsneuro.com)**  
**Patient Education: [selsonclinicsneuro.fromyourdoctor.com](http://selsonclinicsneuro.fromyourdoctor.com)**

**2023**

**CONTRACT FOR STIMULANT MAINTENANCE THERAPY**

I have suffered from this condition since: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Principal diagnosis:**

1. I will use only as prescribed by Dr. McPherson.
2. Do not alter doses without first discussing this with Dr. McPherson.
3. If medication needs to be discontinued for any reason, please call Dr. McPherson, Monday through Friday 8:30 a.m. to 5:00 p.m. or call the office on weekends to have Dr. McPherson contacted via the *Answering Service*.
4. Before using any other medication with any Schedule II Controlled Substance, please call Dr. McPherson.
5. Prescriptions are written for a one-month supply (or three months for mail-in plans).
6. Prescriptions are only refilled by Dr. McPherson, at the time of your office visit.
7. Prescriptions will not be refilled if medications are not taken regularly as prescribed.
8. Please call Dr. McPherson, 24 hours/day if you have any questions regarding side effects.
9. If a prescription is lost, another prescription will not be issued for that month.
10. These ADHD medications are Schedule II Controlled Substances and are closely monitored by the DEA (Drug Enforcement Agency). Each parent or adult patient is responsible for the proper administration of these medications. Strict compliance is necessary for the safe and effective use of these drugs.

**Patient's Signature:**  
**Patient's Printed Name:**  
**Date:**



Selwyn-Lloyd Mc Pherson MD  
Date: