



WICKER WELLNESS CENTER

807 Union St., Schenectady, NY 12308

Phone: (518)388-6120 Fax: (518)388-6147

Email: uhealthcenter@union.edu

PRESCRIBING OF STIMULANT MEDICATION FOR ADHD

Important Information --- Please Read Carefully

Dear Student:

All students who are requesting to have Health Services participate in writing or re-writing prescriptions for psychiatric medications are required to have a current 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 side effects.

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

- Student's name
- Student's date of birth
- Medication, dosage, and time to be taken
- How many months to refill
- First date to renew the medication
- What arrangements have been made for follow-up

Please mail the letter directly to:

Angela Stefanatos, MS NPP-BC
Wicker Wellness Center
Union College
807 Union St.
Schenectady, NY 12308

Thank you for your cooperation.

Sincerely,

Angela Stefanatos, NPP-BC
Director of Health Services