

NARCOTIC AGREEMENT

Our office strives to provide the best and most complete medical care possible for all of our patients. Occasionally our patients require narcotics or other controlled substances. Our goal is to improve function and quality of life in a safe manner. This does require honesty and cooperation between the patient and our office. In order to receive controlled medications from our office, you must agree to the following:

1. Use only One pharmacy for pain or controlled medications. Notify our office of any permanent change of your pharmacy.
2. Take medications only as prescribed. Do not exceed the prescribed dose, even if you perceive it to be necessary. No early refills will be given if you run out of medications early. Pain management referrals may be made if appropriate, as we are not a pain management clinic.
3. Do not receive narcotics or other controlled substances from other physicians or sources. Exceptions would be for surgery, or an emergency.
4. You will be fully responsible for the safekeeping of your medication. Lost or stolen medication will not be replaced.
5. Do not operate heavy machinery or automobiles under the influence of narcotics and/or other controlled substances.
6. You will refrain from using any illegal substances or abusing alcohol while receiving controlled medications from us.
7. Random drug screens can be performed on our patients that receive pain or controlled medications at any time, at the patients cost. Refusal to submit to a drug screen may result in the inability to receive further controlled medication from our office.
8. If you are pregnant or may become pregnant, notify our office immediately.
9. You may be required to have monthly office visits to receive medication refills.
10. We have the right to refuse narcotic or controlled medications to any patient.
11. You understand that controlled medications carry certain inherent risks, including the potential for addiction, and even death with higher doses, or when combined with other central nervous system (CNS) depressant medications or substances.
12. Inform our office if you feel overwhelmed due to pain, depression, anxiety or for any other reason, or if you feel that you may become harmful to yourself or others.

By signing this agreement, you acknowledge your understanding and agreement to our mutual terms for your safety. By signing you are stating that all questions have been answered.

_____ Printed Name of Patient _____ Date of Birth
_____ Signature of Patient _____ Witness
_____ Pharmacy (ONE ONLY) _____ Date