



PAIN MEDICINE POLICY

Please read carefully and sign at the bottom. A copy will be provided to you upon request.

1. I agree to take narcotic medication exactly as instructed. I am NOT allowed to change dosage amounts or alter the time schedule of taking the medication without first talking to my prescribing physician.
2. Narcotics will NOT be phoned in after business hours or on weekends.
3. Only one pharmacy will be used for filling narcotic prescriptions.
4. The following are conditions for immediate termination from the practice.
 - a. Obtaining narcotics from any other physician while under our care without our knowledge.
 - b. Altering or forging of a prescription is a felony and will be reported.
5. Patients may be terminated from the practice with 30 days' notice for noncompliance in the taking of their medication.
6. We will NOT refill prescriptions that have been lost or misplaced. Please be responsible in keeping up with your narcotic prescriptions.
7. Stolen medications will be replaced ONE time only if you have a valid police report.
8. In the case of intolerance or ineffective narcotic medications, a different prescription could be given, provided the unused portion of the previously prescribed medication was returned.
9. I am aware that most of the manufacturers of drugs used to treat chronic pain recommend AGAINST the operation of heavy equipment, which include driving a motor vehicle. I am aware that if I choose to drive a vehicle I could be charged with a DUI.
10. I have been given information about the use of narcotic medications, including but not limited to, possible risks and adverse side effects such as the development of tolerance, dependence, addiction, withdrawal, constipation, nausea, itching, harmful effects to an unborn child, urinary retention, impairment of reasoning and judgment, and depression of breathing.
11. I will not combine any narcotic medications with the consumption of alcohol.
12. I will not give, trade or sell pain medications.
13. I will allow 24 hours for a prescription refill to be authorized. I also understand that requests received after 3:00 PM are handled on the next business day.
14. Only one pharmacy may be used for filling prescriptions. My pharmacy's name and location is:

Pharmacy's Phone Number: _____

I have read and understand the above policy and agree to abide by its terms.

Patient Signature

Date

Print Name

Date of Birth