Medication Agreement

This is a medication contract between _____ and Universal Pain Specialists. The purpose of this contract is to outline policies regarding controlled substances, including narcotics (Hydrocodone, Oxycodone, Morphine, Fentanyl, etc). This agreement will help makes sure we comply with state and federal regulations. A trial of opioid therapy will be considered for moderate to severe pain with objective of reducing pain and improving function. The success of this treatment will be based on honesty and trust between the physician and the patient. Please read through this contract thoroughly and ask for clarifications or questions about anything you do not understand.

1. Only one physician will prescribe any narcotics. If there is a change or an emergency situation our office will be notified immediately.
2. Only one pharmacy will be used for any controlled substance prescriptions.
3. Medication must be taken only as prescribed.
4. If medication is lost or stolen, a police report must be filed and the office must be contacted immediately. Medication will not be replaced for any reasons.
5. Random urine drug screenings will happen during the course of treatment and you are expected to comply. Positive results of illicit drugs or negative results of the prescribed drug may result in termination from the clinic.
6. Opioid analgesics will not be prescribed on your initial visit. An acceptable urine drug screen and review of pharmacy records must occur prior to starting these medications.
7. The prescribed medication is for the patient whom it is prescribed to and nobody else.
8. I will bring all bottles of opioids to my appointment and a pill count may take
8. place. Inconsistent pill counts may cause for termination from the clinic.
9. Prescription refills or issues will only be addressed during regular office hours, not after hours or weekends.

Signature: _____ Date: _____

10. I understand that my provider will be verifying that I am receiving controlled substances from only one prescriber and only one pharmacy by checking the Prescription Monitoring Program web site periodically throughout my treatment period.

11. The use of any illicit / illegal drugs (Cocaine, Heroin, Marijuana, etc) is forbidden with opioid treatment.

12. The use of alcohol during opioid treatment is forbidden.

13. Universal Pain Specialists recommends patients do not drive or operate heavy machinery while on opioids or other controlled substances.

14. I will not attempt to obtain any opioids, anti-anxiety, or controlled stimulants from any other provider.

15. The maximum daily dose at Universal Pain Specialists is 120 mg of Morphine equivalent. If you are currently on a higher dose an attempt to safely lower dose will be made.

16. There are side effects associated with opioid therapy and they include: Nausea, vomiting, constipation, sleeping abnormalities, sexual dysfunction, respiratory depression, sedation, edema, sweating, skin rash, and / or death.

17. There is a risk that you become addicted. Addiction is chronic neurobiologic disease it is characterized by continued use despite harm, impaired control over use, compulsive use and cravings. Addiction may affect the patients quality of life.

18. You agree to allow your physician to contact any healthcare provider, pharmacy, family members, legal agency or regulatory authority to obtain or provide information regarding your care, only if the physician finds it is necessary.

19. You agree to seek psychological or psychiatric therapy if the physician deems necessary.

20. You must call the clinic 5 days prior to your refill date to ensure you refill is ready on time for your pick up.

Signature: _____ Date: _____

21. You must show up for your follow ups to evaluate therapy.

22. Pharmacy that will be used for all of my controlled substances will be

Pharmacy _____ Phone Number _____

Any violation of this contract will cause for termination of controlled substances and possibly from the clinic.

Thank you for your understanding. Our goal is to provide compassionate care while ensuring the health and safety of our patient and community.

Signature: _____ Date: _____

Source: Universal Pain Specialists.com