

AGREEMENT FOR THE USE OF CONTROLLED SUBSTANCES

Patient Name:

Date:

The chronic use of narcotic pain medications and other potentially addicting substance (e.g. stimulants for ADD & ADHD and sedatives for sleep or anxiety) are very useful in the treatment of many medical conditions that have failed other conventional therapies. These substances, however, are potentially dangerous and strictly regulated. The patient has obligations when using them. In order to provide you with the best medical care, we have established certain guidelines which we ask you to adhere to. These are primarily for your protection.

- 1. One, and only one physician should write for these medications, including the treatment of other acute problems including dental pain. Acceptable exceptions are limited to emergency room treatment, or a mutually agreed upon substitute physician in certain circumstances.**
- 2. All physicians that you see should be aware of all the medications that you are taking and who is prescribing them.**
- 3. No other physician should change your dosage of medication without consulting us first.**
- 4. Refills can only be approved during regular office hours, Monday, Tuesday, Thursday and Friday, 8:30 am to 5:00 pm These medicines will not be refilled when your chart is not readily available; this includes weekends, evenings or holidays when the office is not open. It is your responsibility to make sure you have enough medications during these periods and arrange refills appropriately if you are to run out during these times.**
- 5. Please give us at least 24 hours notice to either hand write your prescription if necessary, or to call in a refill, if allowed, for your particular medication. Please do not show up in the office and expect an immediate refill.**
- 6. Medicines must be taken only as prescribed. Never take more medication than prescribed. Pills will be randomly counted and not refilled early.**

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7. If the medications are not controlling your symptoms, DO NOT INCREASE THE DOSE. Please make an appointment to discuss the problems you are having, and have the dose or medication changed.

8. Lost or stolen prescriptions may or may not be refilled. If so, it will only be once. You must insure their safekeeping. Stolen medications should be reported to the police. If you prefer a smaller amount of medication with more frequent refills we consider accommodating you.

9. You will be required to make periodic follow-ups at an interval determined by your physician in order to obtain future refills. If you miss a follow-up appointment your future refills may not be approved.

10. Failure to follow the above may result in the discontinuation of controlled prescriptions from our office or even the termination of your care with our practice.

11. The medication will be kept safe so that it is not stolen, lost or exposed to children.

12. There will be random urine drug screens and random pill counts at the discretion of the physician.

13. You will get all of your prescriptions filled at a single pharmacy of your choice. This pharmacy is:

phone # (_____) _____

If you misuse your medication and run out early, you may suffer from withdrawal which can result in serious medical consequences, and on occasion, even death.

Caution: Opioids and sedatives may cause drowsiness. Avoid alcohol while taking this medication. Use care while driving or operating machinery. Federal law prohibits transferring this medication to anyone else. You must use your medications only as directed.

I UNDERSTAND THE ABOVE AFTER DISCUSSION WITH MY PHYSICIAN. I HAVE CLARIFIED ANY POINTS WHICH I DID NOT UNDERSTAND, AND I AGREE TO THE ABOVE CONDITIONS AND WARNINGS.

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Alan J. Zend, D.O

Date:

Patient Name:

Date:

Patient Signature:

Date:

Witness:

Witness Signature:

Date: