

**PATIENT CONTRACT FOR PAIN CONTROL  
FANA MEDICAL GROUP, PA.**

The pain you are currently experiencing may be helped with the use of narcotic pain medication(s). A doctor may prescribe appropriate narcotic medication(s) for your specific type of pain. Narcotic pain medication(s) may:

- a. Become ineffective with time.
- b. Become habit forming or cause addiction.
- c. Cause severe constipation that requires frequent use of laxative.
- d. Interfere with your ability to operate complex machinery. It is recommended that you not drive an automobile or operate such machinery as power tools while taking narcotic medication(s).

I understand that I have a chronic pain problem that currently requires the prescription for narcotic pain medication(s) for relief of pain and to improve my functional ability. The risks, benefits and alternatives of medication have been discussed with me by the physician in detail, including but not limited to, drug dependency, respiratory depression, cardiovascular depression, liver and/or kidney damage, etc.

I will only receive my prescription(s) from my Primary Care Physician and have my prescription(s) filled at only one pharmacy. I will notify my treating physician of the name of the pharmacy.

I waive my right to privacy regarding these medication(s). My physician may contact any health care provider, legal authority or pharmacy to obtain or provide information about the patient's care.

I will take the medication(s) only as prescribed and will notify my physician if I do not. If necessary, I agree to random urine and blood test to assess my compliance.

I understand that the eventual goal is to taper off the narcotic medication(s). I agree to meet regularly with my physician to assess my progress.

Federal and state law regulates dispensing narcotic medication(s). Forging or altering a narcotic prescription(s) is a crime. Mandatory compliance by both the patient and physician is required. Failure to comply with all the laws regarding narcotic medication(s) may result in criminal action being taken against you.

Medication(s) will not be given early for any reason. **PRESCRIPTION(S) WILL ONLY BE GIVEN DURING REGULAR OFFICE HOURS AND WILL NOT BE GIVEN OR REFILLED BY THE PHYSICIAN DURING WEEKENDS.** No narcotics can be given over the telephone. If the prescription or the medication(s) are lost or stolen, a police report will be required for replacement. **NO AFTERHOURS CALLS WILL BE ACCEPTED FOR THESE MEDICATIONS.**

An increase in your pain will NOT necessarily be a reason to increase your pain medication(s). Contact the doctor if you feel a change in your medication(s) is needed.

Eliminating or rescuing the use of your narcotic medication(s) may be a treatment goal, and this may require hospitalization.

A psychological evaluation regarding addiction and drug dependency may be necessary for continuation of narcotics more than 3 (three) months.

Failure to follow these instructions may require the doctor to stop prescribing the narcotic medication(s) and recommend treatment in a psychiatric, substance abuse, or detoxification program. If this should occur, the doctor may still continue to manage your pain in other ways, such as with non-narcotic medication(s).

If I deviate from the above guidelines or if the medication(s) losses its effectiveness in increasing my function ability, I understand that the narcotic may be tapered off by the physician. My signature at the bottom indicates my understanding and agreement with the above guidelines. Failure to comply may result in dismissal from the practice. This agreement serving 30(thirty) days notice to find another physician.

Your signature below indicates that you have read and understand these instructions and that you agree to comply with the terms of this agreement.

PATIENT NAME (Print) \_\_\_\_\_ PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN NAME(Print) \_\_\_\_\_ PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS NAME (Print) \_\_\_\_\_ WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHARMACY NAME \_\_\_\_\_ PHARMACY TELEPHONE NUMBER \_\_\_\_\_