

Pain Treatment with Opioid Medications: Patient Agreement

It is important that you have an understanding of the risks and responsibilities that go along with this treatment. Please read each statement and sign this agreement contract. The law requires responsible usage of prescription drugs by patients. If you accept a prescription from one of our physicians, you have agreed to receive narcotics for the treatment of your pain. If you have any questions regarding this information or the office policy regarding the prescribing of narcotics, please request clarification. By signing, you agree to follow these rules:

- Refills will be made only during regular office hours Monday through Friday, 8AM to 5PM. No refills on nights, holidays, or weekends. I must call at least three (3) working days ahead (M-F) to ask for a refill of my medicine. NO EXCEPTIONS WILL BE MADE. I will not come to OSMS for my refill until I am called by a nurse. I must keep track of my medications. NO EARLY OR EMERGENCY REFILLS MAY BE MADE. It is my responsibility to ensure I have enough medication to last through weekends, holidays or after clinic hours.
- 2. I will only use one pharmacy to get my medicine. My doctor may talk with the pharmacist about my medicines.
- As the patient, I am responsible for my controlled medication (narcotics, muscle relaxants, sleep aids). I will keep the medications safely in my care in a secure location.
 I will not tell friends or family members there are prescription pain medications in the house.
- 4. I agree to receive these medications only from the physician at OSMS.
- 5. I will not consume alcohol in excess or use Marijuana in any quantity while taking prescribed narcotic pain medication.
- 6. I will not use, purchase or obtain illegal drugs while taking pain medication.
- 7. I will disclose to my OSMS physician all prescription medications, including medical marijuana.
- 8. I will take these medications as instructed and not change the way I take them without first talking to the doctor or other member of the treatment team immediately.
- 9. I agree to make and keep regular follow up appointments as recommended by my physician. Early refill requests will not be honored.
- 10. I am aware that if I choose to drive while taking these medications I may be charged with driving under the influence (DUI).
- 11. Post-operative orthopedic prescription quantity will not exceed 60 tablets per prescription.
- 12. I understand that narcotics are prescribed for a maximum of 90 days following surgery. If I require narcotic pain medication beyond 90 days, I may need to establish care with a Pain Management physician.



- 13. If my medications are lost or stolen, I understand that refills may not be given unless I file a police report and provide a copy to my physician.
- 14. If I am pregnant or may be pregnant, I will notify my physician immediately.
- 15. Routine blood work and random urine drug screens may be a part of my treatment plan. I agree to have them done on the day the physician requests it.
- 16. I agree that if I obtain prescriptions for narcotic pain medications from a source other than OSMS, this agreement will be void and prescriptions for pain medication will be discontinued.
- 17. I know that narcotic medications will be stopped if any of the following occurs:

Trade, sell, or misuse the medication.

The clinic finds that I have broken any part of this agreement.

Do not go for a blood or urine test when asked.

My blood or urine test shows the presence of medications that the staff is not aware of, the presence of illegal drugs, or does not show medications that I received from OSMS.

Get narcotics from sources other than OSMS.

Any member of the professional staff of OSMS feels that it is in my best interest that narcotic treatment is stopped.

Aggressive behavior shown towards OSMS physicians or staff.

Consistently miss scheduled appointments.

Termination of Agreement:

If I break any of the rules, or if my doctor decides that this medicine is hurting me more than helping me, this medicine may be stopped by my doctor in a safe way.

If you have any questions about this agreement please talk with your doctor.