

Opioid Prescription Contract:

Opioid and Controlled Substances Agreement and Informed Consent

Opioid medications are used judiciously in the treatment of benign or malignant pain conditions. The following is an agreement and explanation of issues related to treatment of painful disorders through the use of opioid medications and/or other controlled substances. These medications include but are not limited to morphine (e.g. MS Contin, Kadian, MS IR), oxycodone (e.g. Percocet, Oxycontin, Roxicodone), hydromorphone (Dilaudid), hydrocodone (e.g. Vicodin, Lortab, Norco), propoxyphene (e.g. Darvocet), fentanyl (e.g. Duragesic patch, Actiq), methadone, codeine (e.g. Tylenol No. 3), benzodiazepines (e.g. Valium, Xanax), stimulants (e.g. Adderall, Ritalin), Barbiturates (e.g. Fioricet, Fiorinal), etc.

Side Effects & Risks:

Because these medications are potentially dangerous, as are all medications, the side effects and risks are discussed with you at the beginning of the treatment and periodically thereafter. Side effects/risks include but are not limited to allergic reactions, sedation, somnolence, respiratory depression (i.e. slow breathing), dizziness, confusion, nausea, vomiting, urinary retention, suppression of menstrual cycle, hormonal imbalance, constipation, itching, physical dependence, tolerance, addiction, or death.

Caution:

Opioid medications may cause drowsiness. Alcoholic beverages should be avoided or be used with extreme caution and sparingly after approval of your pain physician while taking these medications. Driving a car or operating dangerous machinery may not be allowed initially until a stable dose of these medications are obtained. Usually, most side effects of opioid use disappear over time and with continued use, except for constipation. Bowel maintenance should be addressed seriously and treated if necessary. If decision is made to terminate opioid therapy, a weaning schedule rather than abrupt discontinuation of treatment should be exercised to prevent withdrawal symptoms (e.g. increased pain, agitation, nausea, diarrhea, etc.)

The following conditions must be followed and agreed upon as long as the patient is receiving treatment at (Name of Practice or Physician). Noncompliance with any one of these conditions may result in discharge from the practice.

1. Priti Modi, M.D. must be the only source for the medications that were reviewed above. The patient may not obtain these medications from any other source or physician except when it is explicitly allowed and approved by (Name of Practice/Physician).
2. The patient understands that the treatment goal is to improve the quality of life and ability to function and/or work. These parameters will be assessed periodically to determine benefits of opioid therapy and adjust the dosage accordingly.
3. The patient understands that he/she must take the medications as instructed and prescribed. Any change in dosing must be approved by a (Name of Practice/Physician) physician.
4. The patient agrees to use only one pharmacy whose contact information and address the patient would provide to (Name of Practice/Physician). If for any reason another pharmacy is to be used (e.g. unavailability of a certain medicine), the patient should notify (Name of Practice/Physician).

Pharmacy: _____

TelePhone: _____

5. **Lost or stolen prescriptions or medications will NOT be replaced.** It is the patient's responsibility to ensure that prescriptions are filled correctly at the pharmacy. If the patient realizes a medication is lost, stolen, or misplaced, a police report must be filed, and the case number should be given to (Name of Practice/Physician).
6. To ensure efficacy of treatment and for monitoring purposes, the patient should keep all recommended appointments.
7. ***Narcotic prescriptions will not be given over the phone, after hours, during the weekends, or holidays.*** If there is a need to change any narcotic prescription, a new appointment needs to be made.
8. (Name of Practice/Physician) has the right to directly communicate with other healthcare providers and pharmacies regarding the patient's use of controlled substances.
9. Opioid therapy usually is only part of the overall treatment plan. The patient shall comply with all other treatments as outlined by their physician at (Name of Practice/Physician).
10. **The patient may be asked for urine and/or blood screening tests as well as random pill count. Failure to comply with this results in immediate discharge from the practice.**
11. The patient understands that sharing of medications referred to above with anyone is absolutely forbidden and is against the law.
12. Patient understands that the results of urine/blood testing can be given to the patient's other healthcare providers, insurance company, or other reimbursing agencies. The patient also authorizes any other healthcare provider, pharmacy, law enforcement, or judiciary body to release any pertinent information regarding the patient's prescription or urine/blood screen results.
13. Patient agrees that any use of illicit substances (Marijuana, Cocaine, etc.) during treatment is strictly prohibited, and if identified during a urine test will result in discharge of patient from the clinic. I, the undersigned, attest that above was discussed with me, and I fully understand and agree to all of the above requirements and instructions. I also understand that failure to comply with above can result in my discharge from (Name of Practice/Physician).

Patient Name : _____

Patient Signature: _____

Doctors Signature : _____

Date: _____