

SUNSHINE SPINE AND PAIN

Opiate/Narcotic Policy and Contract

1. I understand that it is the discretion of the physician as to whether or not I receive any narcotic medications. By signing this contract it does not mean that I will be receiving medications, but if the physician chooses to prescribe them, I am required to follow all of the policies below. **THERE ARE NO NARCOTIC SAMPLES IN THE CLINIC.**
2. I understand that I am not to receive any other narcotic pain medications (examples: Vicodin, Oxycontin, morphine, Percocet, etc.) from any other physicians if I am prescribed these medications by Sunshine Spine unless it is mutually agreed upon as it is unsafe and **illegal**. I am also to provide an updated list of other medications I am taking at each visit.
3. I understand that I am not to sell, share, or give my medication to any other person, nor will I tamper with the prescriptions or labels, or use fraudulent information in order to obtain these prescriptions from this clinic. To do so is **illegal** and will result in immediate discharge from this clinic and notification of the police.
4. I understand that I am to take the medications **exactly as prescribed**. It is not acceptable for any reason to double up or take extra doses of the medication without first obtaining an order to do so by the physician as it is unsafe and can potentially lead to **death**. I also understand that I may be required to make an office appointment before any changes to my medications are made.
5. I understand that alcohol and illicit drug use is strictly forbidden while on these medications because the mixture can lead to **death**.
6. I understand that at any time I will be asked to submit to a urine drug screen, and refusal to do so can lead to an immediate discharge from this clinic.
7. I agree that these medications are my responsibility alone, and I will keep them in a safe and secure place. I agree that lost medication will **not** be replaced regardless of why it was lost.
8. I agree to always conduct myself in a courteous manner while in the office or on the phone. Inappropriate behavior and/or rudeness to the staff are grounds for discharge.
9. I understand that these medications are controlled substances and I must abide by all of the laws governing their use. I also understand that these medications have the potential for **abuse, addiction, physical dependence, and death**, and not everyone is a candidate for their use. I understand that if I or my family has any concerns about my medication use or any addictive behavior, I must inform my physician immediately.

MEDICATION POLICY OF SUNSHINE SPINE & PAIN, P.A.

It is our goal to provide quality continuity of care for our patients. To do this we need your cooperation. When you need a prescription refill, **please call your pharmacy at least 48 hours in advance with your request**. Your pharmacy will call/fax us the request with necessary information. This will allow your doctor to review your request and authorize refills after reviewing your medical records. We request that 48 hours notice be given to us for any refills as we may be unable to honor same day requests. No narcotic or other medication refills will be given over the weekend. If your medications are to run out over the weekend, then please call no later than Thursday.

Patient Signature _____ Date _____

Witness _____ Date _____

Pharmacy Name _____ Pharmacy Phone # _____