



Controlled Substance Policy/Agreement

Please read carefully and sign at the bottom. A copy will be provided to you.

I agree to the following:

1. I am responsible for my medication. I will not share, sell or trade my medication with anyone. I will not take anyone else's medication.
2. I will not combine my medications with alcohol.
3. I agree to take the medication exactly as instructed. I will not change doses or alter the time scheduled of taking my medication without speaking to my doctor.
4. Refills for controlled substances WILL NOT be phone in after-hours, weekends or on holidays.
5. I will allow at least 2-3 working days for refill requests to be processed.
6. I will keep all scheduled appointments with the physician and if I have not been seen within the recommended time-frame (30-60 days), NO refill will be provided.
7. NO early refills will be provided
8. Medication will not be refilled if prescription is lost or misplaced. Stolen medication will be refilled only once and only if you have a valid police report.
9. Only one pharmacy will be used to fill controlled substance.
10. If I obtain a prescription for a controlled substance from another provider (e.g. ER, dentist or PCP), I will alert my provider of this prescription and will bring the pill bottle to my next appointment.
11. I agree to give blood or urine sample to test for drug use if asked.
12. I am aware that the manufacturers of most controlled substances recommend against operating any heavy equipment while using the medications, which includes driving a motor vehicle. I am aware that if I chose to drive a motor vehicle, I could be charged with a DUI and/or cause injury to myself or others.

I understand that if I break any of the rules outlined above, or if my physician feels that the medication is causing more harm than it is helping me, this medication will be stopped by my physician in a safe way.

I have read and understand the above policy and agree to abide by its terms.

Patient Signature Date

Printed Name DOB