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## Controlled Substance Contract

- The purpose of this Agreement is to prevent misunderstandings about certain medicines you will be or are taking. This is to help both you and your doctor follow the law regarding controlled medications.
- I understand that this Agreement is important to the trust and confidence that is necessary in a doctor/patient relationship for my doctor to treat me.
- I will notify the doctor of all other medicines and treatments that I am receiving.
- Your doctor will make the decision of whether or not you will receive narcotic medication. The decision will be based on:
  - If your doctor believes narcotics will benefit you,
  - If he/she believes they will not do more harm than good.
- I understand that if break this Agreement, my doctor may stop prescribing these medicines and may even end my care with him/her. A drug-dependence treatment program may be recommended.
- **Medication must be taken as directed by your doctor.** Your doctor will decided which medication you will use and what dose you will take. This is unrelated to what you have taken in the past. Use of medicine more than what is prescribed will result in my being without medication for a period of time.
- It should be understood that any medical treatment is at first a trial, and that continued prescription is based on whether the medication is helping you.
- Your doctor may change (different medication or dose) or stop the narcotic altogether if he/she feels it is in your best interest.

- All narcotic medication will be received from one doctor and pharmacy, and we have permission to discuss treatment with other doctors and pharmacists who may be caring for you.
- No other narcotic medication, such as opioid pain medicines, controlled stimulants, or anti-anxiety medicines, should be prescribed by any other doctor or dentist. **This includes the emergency room.**
- Medication changes and prescription refills will need to be taken care of at the time of an office visit, or during regular office hours Monday thru Friday with at least a 48-hour notice of refill requests. No refills will be available during evenings or on weekends. Refills will be granted only if you keep your scheduled appointments.
- **Early refills will not be allowed.** Protect your medicine. Stolen, lost or damaged medicines will not be replaced. This includes flushed, spilled or misplaced.
- I will bring all unused medicine to every office visit for my doctor to review.
- Occasionally pill counts, blood, or urine tests may be required to monitor compliance with the physician prescribed controlled substance management program and to make sure that you are not taking illicit drugs. Presence of unauthorized substances may bring about a referral for a drug-dependence treatment program.
- I will not use any illegal controlled substances, including marijuana, cocaine, etc.
- I will not share, sell or trade my medication with anyone. This is not only illegal but unwise.

I agree to use \_\_\_\_\_ Pharmacy,

Located at \_\_\_\_\_

Telephone number \_\_\_\_\_, for filling prescriptions for all of my medicine.

- \* Physical dependence is a normal, expected result of using these medications for a long time. Physical dependence is not the same as addiction. Physical dependence means that if medicine is markedly decreased, stopped or reversed, a withdrawal syndrome will be experienced. This might include the

following possible symptoms: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches and flu-like feeling. Opioid withdrawal is uncomfortable, but not life threatening.

- \* Addiction is defined as the use of a medication even if it causes harm, having cravings for a drug, feeling the need to use a drug and a decreased quality of life. The chance of becoming addicted to a medication is very low; however, the development of an addiction is possible and is much more common in a person who has a family or personal history of addiction. You will be provided with a complete and honest personal and family history of drug use.
- \* **(Females only)** If you become pregnant while taking this medicine, inform your obstetrician and this office immediately. Should a baby be carried to delivery while on these medicines, the baby will be physically dependent on the medication. The use of opioid medicine is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medications. There is always the possibility of having a child with a birth defect while on an opioid medicine.

I confirm that I have full right and power to sign and be bound by this agreement, and that I have read, understand, and accept all of its terms. I agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered. I understand that failure to adhere to these policies may result in the termination of care with this physician. A copy of this document has been given to me.

This Agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_

Patient name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_