

COMPREHENSIVE ORTHOPAEDICS OF THE GULF COAST

CONTROLLED SUBSTANCE AGREEMENT

The State of Florida has laws governing the prescription of controlled substances. The drugs include all opioids (such as codeine, hydrocodone and oxycodone), sleeping aids, benzodiazepines (such as Valium, Xanax, and Ativan) and ADHD medications (such as Concerta, Metadate CD, Ritalin and Vyvanse). To comply with Florida law, I acknowledge and agree to the following:

- ❖ Prescriptions for most controlled substance medications can only be written for a 30 day supply
- ❖ I will not use any illegal controlled substances, such as marijuana and cocaine
- ❖ I will not share, sell or trade my medication with anyone
- ❖ I will safeguard my medicine from loss or theft. Lost or stolen prescriptions, written or filled, will not be replaced.
- ❖ I will use my medicine at a rate no greater than the prescribed rate and that the use of my medicine at a greater rate will result in my being without medication for a period of time. If requested by my doctor, I will bring all unused pain medicine to every office visit.
- ❖ I will request refills of my controlled substance only during an office visit or during regular office hours. No refills will be available during evenings or on weekends.
- ❖ I must be seen by my doctor no less than every 3 months to continue to get refills.
- ❖ I will submit to a blood or urine test within 24 hours of when requested by my doctor to determine my compliance with these policies and my program of pain control medicine.
- ❖ I will communicate fully and truthfully with my doctor about the character and intensity of my pain, the effect of the pain on my daily life and how well the medicine is helping to relieve the pain.
- ❖ I will obtain all controlled medicines only from the physician listed below. If I see another doctor who gives me a controlled substance medicine (for example, a dentist, a doctor from the Emergency Room or another hospital, etc.) I must bring this medicine to this office in the original bottle, even if there are no pills left.
- ❖ I acknowledge controlled substance medications have inherent risks associated with their use. These risks include but are not limited to the following: Physical dependence, Psychological dependence, potential for overdose and potential for withdrawal syndrome.

I agree to comply with the terms of this agreement. I understand that my physician has the right to discontinue prescribing me controlled substance medications and discharge me from care if I do not comply with the terms of this agreement. I hold Comprehensive Orthopaedics of the Gulf Coast and its staff harmless from any liability in the event I am dismissed from the practice for failure to abide by this agreement.

I agree to use _____ (pharmacy), located at _____
(address) for filling prescriptions for all of my controlled substance medications. If my pharmacy location changes, I will promptly notify the office.

Patient Name: _____ DOB: _____ DATE: _____

Patient Signature: _____

Physician Name: _____

Physician Signature: _____