

**KIRIT BHALANI, M.D.**

**ADVANCED PAIN MANAGEMENT**

**CONTRACT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS**

Controlled substance medications (narcotics, tranquilizers and barbiturates) are very useful, but have a high potential for misuse and abuse and we are therefore closely controlled by the local, state and federal government. They are intended to relieve pain to improve function and/or ability to work. If I am given a prescription for any controlled substance to aid in managing my pain, I agree to the following conditions.

1. I am responsible for my controlled substance medication. If a prescribed medication is lost, misplaced or stolen, or if it used sooner than prescribed, I understand that it will not be replaced.

2. I will not request nor accept controlled substance medication from any other physician or individual while I am receiving such medications from Advanced Pain Management. Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted in a hospital.

3. Refills on controlled substance medication will be made during regular office hours only or during your scheduled office visit. Refills will not be made at night, weekends or on holidays. Refills will not be made if I "run out early" and I understand that I am responsible for taking the medications in the dose prescribed and for keeping track of my remaining amounts. I further understand that refills will not be made on an emergency basis, such as Friday afternoons because I may run out over the weekend. I must keep track of my medications and agree to call at least 24 hours in advance for a refill on my medications.

4. I understand that if I violate any of the above conditions my controlled substance prescriptions and/or treatment at ADVANCED PAIN MANAGEMENT may be ended immediately and I understand that I may be fired from the practice. If this violation involves obtaining controlled substances from another physician as described above, I understand that I will be reported to my primary physician, local medical facilities and other authorities, including law enforcement.

I have been fully informed by Advanced Pain Management and the staff about the psychological dependence (addiction) of a controlled substance. I know that some persons may develop a tolerance, which is the need to increase the dose of the medication to achieve the same effect of pain control and I do know that I can become physically dependent on the medication. I have been informed that I will need a physician's assistance when I am instructed to stop any narcotic therapy to prevent withdrawal symptoms.

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Patient

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Date