

NORTH GEORGIA PAIN CLINIC, PC  
PAIN MEDICATION POLICY

Our first and foremost concern is the well-being of our patients. We understand that you are in pain: however, there is NO magic pill or pain medications to make all of your pain go away. Due to the addiction potential and legal issues involved, pain medicine and management of pain medications will be under the following guidelines. ***Please initial after each item to indicate that you have read and understand it. Please also sign your name at the bottom of this page. FAILURE TO DO SO WILL RESULT IN YOU NOT BEING SEEN BY THE PHYSICIAN!!!!!!***

- Medications will last a specific number of days and NO medication will be called in prior to that date.  
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- Narcotics will NOT be phoned in after hours or on weekends. Please note....Our office closes at NOON on FRIDAYS. \_\_\_\_\_
- If you find that a specific pain medication does not work for you, we will only exchange pill for pill with a new prescription. The remainder of your old prescription must be returned to our office or pharmacist. \_\_\_\_\_
- Patients may be terminated from the practice with thirty (30) day notice for non-compliance in the taking of medications. \_\_\_\_\_
- We will **NOT** refill prescriptions which have been lost or misplaced. You **MUST** take the responsibility for keeping up with your medications. \_\_\_\_\_
- Stolen medications will not be replaced without a valid police report. We will only do this **ONE** time!  
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**CONDITIONS FOR IMMEDIATE TERMINATION FROM THIS PRACTICE**

- Obtaining narcotics from **any** other physician while under our care. \_\_\_\_\_
- Altering or forging a prescription. This is a **FELONY** and will be reported to the proper authorities.  
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**If you are taking prescription narcotics/controlled substances (oral or with a drug infusion pump) muscle relaxants, or tranquilizers, for which the manufacturer of the drug recommends not to operate heavy equipment, (this includes ANY motorized vehicle). We do not recommend that you act against the manufacturer's recommendations and will assume no liability should YOU choose to drive while on medication. PLEASE BE AWARE THAT YOU SHOULD CHOOSE TO DRIVE WHILE ON MEDICATION, YOU CAN BE CHARGED WITH A DUI.**

Your signature on this form will also constitute a release which allows our office to obtain your prescription history/information from any pharmacy we may call on your behalf.

Patient Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_