

North Georgia Pain Clinic

PAIN MEDICATION POLICY

Our first and foremost concern is the well-being of our patients. Due to the addiction potential and legal issues involved, pain medicine and management of pain medications will be under the following guidelines.

Please initial each item to indicate that you have read and understand it and sign your name at the bottom of this page. FAILURE TO COMPLETE THIS FORM WILL RESULT IN 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.

_____ Narcotics will NOT be phoned in after hours or on weekends. 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.

_____ Replacement of lost or misplaced prescriptions is solely at the discretion of your physician and will be done on a case by case basis. You must take responsibility for keeping up with your medications. If your physician does make the decision to replace your medications this will be a **ONE** time occurrence only and will be enough medication until your next appointment.

_____ Replacement of stolen medications will NOT be considered without a valid police report. If the physician allows a replacement, this will only be done **ONE** time.

_____ Failure to show for a pill count may result in patient discharge.

_____ **CBD products** are not approved by the FDA for any condition. All CBD products contain THC which will lead to a failed drug screen. Continued use will lead to either discharge or discontinuation of all narcotics.

CONDITIONS FOR IMMEDIATE TERMINATION FROM THIS PRACTICE

_____ Obtaining narcotics from **any** other physician while under our care.

_____ Altering or forging a prescription is a **FELONY** and will be reported to the proper authorities.

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 SHOULD YOU CHOOSE TO DRIVE WHILE ON MEDICATION, YOU CAN LEGALLY 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: _____