



### NARCOTICS CONSENT FORM

The administration of any controlled substance or narcotic medication is strictly decided by the physician. If in the instance a narcotic is prescribed the following guidelines must be followed and understood by all patients.

The risks of taking a controlled substance include, but are not limited to, drug dependency, addiction, respiratory problems, depression, liver and/or kidney damage, death, etc.

Patients agree to take medications only as prescribed and also agree to notify the physician if the patient does not comply. By agreeing to take the medications as directed, patient is agreeing to random urine and/or blood test to assess compliance.

Patient understands that random urine drug screens may be performed at any given office visit to monitor prescribed medication. Patient must understand that the insurance company may not cover a drug screen and that they will be responsible for the full amount that is not covered at the time of the office visit.

Patients understand that the test results and interpretation will become part of the medical record. Patient's insurance company may discover the results of this test by obtaining a copy of patient's medical records.

Lost, stolen, or misplaced prescriptions will **NOT BE REPLACED**. If a patient needs a refill on a controlled substance they **MUST** schedule an office visit. The physician will **NOT** refill narcotic medication over the phone or without seeing the patient in the office.

Patients agree that if they deviate from the above guidelines that the physician owns the right to taper off or discontinue the narcotic. Failure to comply with the guidelines also could result in immediate termination from this practice.

By signing this, patient is expressing his/her understanding and agreement with these guidelines.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date