

Town Family Doctor Agreement for Prescriptions of Narcotics or Other Controlled Substances

- 1. Responsibilities of the Patient
 - A. You must designate one pharmacy to be used for filling any prescriptions. Please give the name and telephone number of the pharmacy below. All questions regarding prescriptions should be directed to the physician's office during normal business hours.
 - B. You must keep your prescription safe. No new prescription for narcotics or other controlled substances will be written if you lose your prescription or if it is destroyed.
 - C. If you require daily narcotics or other controlled substances, you must be seen by your physician at his or her discretion. You must keep all scheduled appointments and must pay all applicable fees and account balances.
 - D. You must conduct yourself appropriately in the office. In addition, you must agree not to obtain medications from other physicians without informing your current physician during normal business hours.
 - E. If you have been given a prescription for other medications by your physician that should be taken in conjunction with the prescribed narcotics or other controlled substances, you must follow your physician's instructions about taking all of your prescribed medications. The goal of treatment of chronic conditions is to use the lowest possible dose of narcotics or other controlled substances to treat your condition. Other medications prescribed by your physician are intended to improve the effectiveness of the narcotics or other controlled substances. If you do not take the supplemental medications as prescribed or if you fail to follow your physician's orders for weaning narcotics or other controlled substances, your physician will not write any further prescriptions for these narcotics or controlled substances.
 - F. Only you may use your prescribed medications. Sharing medications is cause for termination from care by your physician. Mishandling medication is a serious violation of this agreement and may result in termination of treatment.
 - G. All patients of the practice who receive narcotics or other controlled substances will be subject to random drug screens and pill counts (at patient's expense) to detect the use of illegal or non-prescribed drugs at the physician's discretion. By signing this Agreement, you have agreed to undergo these tests when asked to do so by your physician. If test results indicate you have been using illegal or non-prescribed drugs or that you have not been taking your prescribed medications, no further prescriptions will be written for you for narcotics or other controlled substances and you may be terminated from the practice.
 - H. All patients who receive narcotics may also be required to seek other medical resources, such as psychiatrist, pain management specialist, addiction professionals, etc. By signing below, you agree to see these professionals as necessary or if referred by your physician.
 - I. It is against the law to obtain narcotics or other controlled medications under false pretenses, to alter a prescription in any way, or to sell prescribed narcotics or other controlled substances. Violations of the law will be reported to the police and the practice will cooperate in all investigation according to the law. If you violate the law, you will be discharged from our care.

- 2. Responsibilities of the Physician
 - A. Only the physician who is following your care or a partner in his/her practice may prescribe narcotics or other controlled substances for you.
 - B. Your physician will abide by all state and federal laws regarding the prescription of narcotics and other controlled substances.
 - C. If you do not comply with the terms of this agreement, your physician will not prescribe narcotics or controlled substances for you and your physician may terminate your care. You will be notified in writing of any termination and given thirty (30) days to find another physician. During these thirty days, your physician will continue to furnish care for you only in emergencies.

By signing below, I indicate that I agree to the conditions noted above. I understand that violation of this agreement may result in my physician no longer providing prescriptions for narcotics or other controlled substances. It could also potentially lead to prosecution through the legal system.

Patient Signature: _____ Date: _____

Printed Name: _____

Prescribing Physician Name/Signature: _____ Witness: _____

Original Drug Screen Date (optional): _____

Designated Pharmacy Name: _____ Tel #: _____