

David N. Buchalter, M.D. Orthopedic Surgeon Diplomate, Board Certified by A.B.O.S.

Brian E. Coleman, M.D. Board Certified Foot & Ankle Specialist Diplomate, American Board of Orthopedic Surgery Steve E. Meadows, M.D. Diplomatic American Board of Orthopedic Surgery General Orthopedics, Subspecialty in Shoulder, Elbow, Wrist & Hand Surgery

> William P. Toole, M.D. Sports Medicine, Arthroscopic Surgery Cartilage Restoration Hip Arthroscopy and Preservation

Russell D. Weisz, M.D. Orthopedic Surgeon, Board Certified Adult Trauma and Reconstruction Geriatric Fractures

Jonathan M. Tarrash, M.D. Board Certified in Pain Medicine Physical Medicine and Rehabilitation

Agreement for Controlled Substance (Narcotic) Prescriptions

Patient Name:	SSI	N: I	DOB:

Narcotics, also called controlled substances, are useful in the treatment of patients suffering with chronic and/or acute pain, but have a high potential for misuses, abuse, addiction, and illegal diversion (narcotics are closely controlled by the US Drug Enforcement Agency). These medications are intended to relieve pain, to improve function, and/or ability to work, not just to make you "feel good".

The intent of Pain Management is to help the patient become as effective a manager of the pain experience as possible with the least amount of medical intervention. The main treatment goal is to improve the patient's ability to function with the least amount of medical intervention and decrease reliance on narcotics as much as possible. The patient will need to follow through on other aspects of their treatment, including proper diet, approved exercise, reducing disability, developing attitudes for healthier lifestyle to minimize suffering, and accept responsibility for one's own health destiny.

The patient agrees to the following conditions:

- 1. The patient will confine prescriptions for pain medication to be written by only <u>one</u> physician. The patient will visit and be re-evaluated, via scheduled appointment, by the prescribing physician (and, if deemed necessary, a mental health professional or substance abuse specialist) as recommend by:
 - Dr. Buchalter 🗆 Dr. Meadows 🗆 Dr. Weisz 🗆 Dr. Toole 🗆 Dr. Coleman 🗆 Dr. Tarrash 🗆
- The patient will be expected to monitor the number of pills on hand to ensure that the prescribing physician processes refills during regular business hours. Refills will not be handled on weekends or evening. Narcotic refills may no longer be called in- a monthly follow-up with the prescribing doctor is now required.
- 3. The patient is responsible for their controlled substance medications. If the pills are lost, stolen, misplaced, or used at an increased rate, the medication will not be replaced or refilled sooner than the scheduled refill date.
- 4. The prescribing doctor reserves the right to order urinalysis testing whenever he deems necessary, to help provide information for prescription management. This test is designed to help identify irregular and/or inappropriate levels of drugs, helping to uncover possible supplementation, diversion, or otherwise compromising the pharmacotherapy prescribed.
- 5. Because of the potential for addiction, and in trying to reduce the need for medication, the prescribing doctor reserves the right to reduce or discontinue pain medication to re-evaluate its effectiveness.

The patient understands the following:

- The patient must report significant side effects (i.e. over sedation, nausea, vomiting, constipation, confusion, euphoria/"highs", dysphorie/"downs", dizziness, sweating, stomach upset, jerks, tremors, headaches, weakness, seizures, bad dreams, muscle rigidity, hallucinations, insomnia, dry mouth, chills, heart or blood pressure alterations, difficulty urinating, itching, or skin rashes).
- Narcotics should not be taken with alcohol or other central nervous system depressants (i.e. sleep aids, tranquilizers) because additive effect may occur. The physician prescribing the pain medication needs to be informed of other medications being used or being considered for future use. Narcotics may impair mental and/or physical ability and may be potentially hazardous.
- 3. Because of the potentially dangerous nature of narcotics, any violation may result in being reported to the patient's primary physician, local medical facilities, pharmacies, and other authorities.

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- 4. Due to the nature of chronic pain, some persons who take narcotics can potentially develop psychological and/or physical dependence and/or tolerance to controlled substances. Tolerance is the need to increase the dose of the medication to achieve the effect of pain control, and may increase the potential for chemical dependence.
- 5. Sometimes abrupt cessation or sudden reduction in dosage after prolonged use may result in withdrawal symptoms. These symptoms generally last only 24-72 hours and can be minimized by slow withdrawal of the pain medication.
- 6. Total pain relief may not be accomplished.
- 7. Emotional stress should not be mistaken for pain and is not a valid reason for the use of narcotics.
- 8. Non-compliance or any unethical behavior by the patient to follow this agreement may result in the doctors discontinuing the doctor-patient relationship. He will be available for "emergencies" only, for 30 days. The prescribing doctor will provide the patient with a list of referral physicians. The doctor reserves the right to reduce the dose at an appropriate rate as to their discretion.

I have read and understand the content of this agreement, and agree to abide by it.

Patient's Signature

Witness's Signature

Patient's Printed Name

Witness's Printed Name

Date