



Please Read Carefully Before Signing this Agreement!!!!

Narcotic Agreement

Date: _____

Patient Name: _____

This agreement is between the patient named above (Patient), CPR&R, LLC dba Center for Pain Relief & Rehabilitation (CPR&R) and the physician, nurse practitioner or physician assistant employed by CPR&R (Physician). It is agreed that narcotic medication will only be prescribed to the Patient if all of the following conditions are followed and terms are met:

1. By signing a contract for narcotic administration, the Patient indicates that he/she has understood the discussion about the use of narcotic medications, including side effects, and is agreeable to start this treatment under the terms set by CPR&R.
2. Patient has had the chance to ask questions regarding alternatives to the use of narcotic medications.
3. CPR&R is and will be the one and only source of narcotic medications unless written permission is given by the Physician for the Patient to get narcotic prescriptions from another physician.
4. Patient will fill their narcotics prescriptions at one pharmacy only. The details of the pharmacy are as provided below:
Name of the Pharmacy: _____
Pharmacy Address and Phone #: _____
5. If it is found that Patient has received prescriptions for narcotic medications from a source other than CPR&R, without prior written permission from CPR&R, CPR&R may void this agreement and discontinue prescription of narcotic medications to the Patient.
6. Patient agrees to administer random urine tests at Physician's request.
7. Patient agrees to allow CPR&R to communicate with the referring physician, other physicians, law enforcement and any pharmacists regarding Patient's use of controlled substances.
8. Patient must supply documentation of treatment by other physician for co-existing, or related condition, including psychiatric conditions.
9. Patient understands that CPR&R will not replace any lost or inaccessible narcotic prescriptions or narcotic medications, for ANY REASON (examples: dog ate it, got flushed, got washed, lost / stolen etc).
10. Patient must take the narcotic medications exactly as prescribed and instructed by the Physician.
11. Any unauthorized increase in the dose of narcotic medication may be viewed as a cause for discontinuation of the treatment with narcotic medications.
12. If the Patient demonstrates unacceptable behavior patterns, the Physician may discontinue prescribing the narcotic medications for the Patient.
13. Patient must keep all regular follow up appointments as recommended by the Physician. Failure to comply may cause discontinuation of narcotic prescriptions.
14. Patient is responsible for a \$75 no show appointment fee. If the Patient can't make their appointment and need to reschedule, they must call 24 hours in advance to make the changes.



15. Patient must comply with all aspects of the treatment plan, including, but not limited to, Injection Therapy, Physical Therapy, Behavioral Management, and self-help programs.
16. All prescriptions must be picked up by the Patient himself/herself. If the Patient is too debilitated or sick, an exception may be allowed.
17. No narcotic prescriptions will be refilled on weekends or over the phone.
18. Narcotic prescriptions WILL NOT be refilled early.
19. Patient understands that the benefit of the narcotic medications will be evaluated periodically using the following criteria of pain relief: increase in general functions, increase in exercise, completion of rehabilitation program, return to work, maintenance of job, etc.
20. Patient understands that the narcotic medications may be discontinued immediately, at the Physician's discretion, if the Patient does not follow the conditions and fulfill the terms of this agreement. Medication may also be discontinued if there is evidence of rapid tolerance, loss of effectiveness or if significant side effects develop.
21. Patient certifies or agrees to the following:
 - a) That he/she is not currently abusing illicit or prescription drugs.
 - b) That he/she has never been involved in the sale, illegal possession, diversion or transport of controlled substance (narcotics, sleeping pills, nerve pills, or pain killers).
 - c) That she is not pregnant and that she will use appropriate contraception during her course of treatment.
 - d) That they are not sharing their narcotics medication. Sharing narcotics is strictly prohibited. Any sharing will result in immediate cancellation of the prescriptions of prescription refills.
22. Evidence of medication hoarding, increasing the amount of medication without communication with the Physician, refilling the prescription too frequently, getting the medication from multiple physicians, increasing the amount of medication despite significant side effects, altering prescription, medication sales, unapproved use of other drugs (alcohol, sedatives, or using non-prescription, medications inconsistent with drug labeling) or other unacceptable behavior will result in tapering and discontinuing of narcotic therapy.
23. If the Patient is non-compliant or un-cooperative with the Physician or the office Staff, CPR&R reserves the right to discharge the Patient at any time.

I fully understand the explanations regarding the benefits and the risks of this method of treatment. I agree to the use of narcotic medication in treatment of my pain problem.

This form has been fully explained to me, I have read it or have had it read to me, and I understand it. I have had the opportunity to ask questions, and have received acceptable answers. I agree to the terms of this contract.

Patient Signature: _____