



Account #: _____

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**INFORMED CONSENT FOR PATIENTS USING
CONTROLLED PRESCRIPTION DRUGS**

Narcotics, tranquilizers, stimulants, and barbiturates maybe be useful in treating your medical problem, **but because of the high potential for misuse and abuse, state and federal governments closely control them.** The drugs are intended to decrease pain and improve activity, not simply to provide a good feeling.

This contract is between _____ (patient) and _____ (physician). The physician will prescribe pain medication for the patient.

In addition, as a patient, I agree that:

- I must follow the refill schedule for non-opiates per clinic protocols.
- Refills for narcotics will not be made, except under extraordinary circumstances. If I run out early for any reason, the physician will not provide refills at night or on the weekends.
- All prescriptions for pain medication will be filled at only one (1) pharmacy.
That pharmacy is: _____. Telephone: _____
- **By signing this agreement, I am giving informed consent to controlled substance maintenance therapy and I understand clearly that:**
 - o There is a low, but definite risk of becoming dependent on the drug(s).
 - o There is a potential for impaired thinking with the drug alone, but especially when used with other sedatives or alcohol.
 - o If I seek to acquire other drugs outside of this agreement, the physician may discontinue medical care.
 - o The physician has my permission to order blood or urine studies for drug levels as he/she sees the need.
 - o Driving or other activity such as operating machinery may need to be discontinued to insure the safety of others and myself.
 - o Verbal mistreatment of staff or argumentative behavior will result in discharge from the clinic.
- I will not allow other persons to take any of the drugs prescribes specifically for me.
- My medications are:

Medication	Number	Frequency of Dose (must last how long)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient's signature: _____ Date: _____

Physician's signature: _____ Date: _____

Witness: _____ Date: _____