



# GOLDEN STATE ORTHOPEDICS & SPINE

## CONTROLLED SUBSTANCE MEDICATION AGREEMENT

I understand that a provider with Golden State Orthopedics & Spine may prescribe a controlled substance medication. This agreement is a platform for communication allowing us to work together in good faith, and for you to understand the importance of this medication in allowing you to function better. We expect to be partners in creating the best treatment plan for your pain management. If you cannot agree with the following points, it will result in discontinuing the controlled substance.

1. I will take my medication exactly as prescribed and I will not change the medication dosage and/or frequency without the approval of my physician.
2. I will keep regular scheduled appointments with my physician. Any refills for a controlled substance medication require you to schedule an appointment to assess pain control. Your physician or the physician on call for the group will not refill any pain medication after hours or over the weekend. This is not considered an emergency and will not be treated as such.
3. The controlled substance medication prescribed is being given in order to control pain and allow you to function better. If there are any changes to your activity level or physical condition the treatment may be changed or discontinued.
4. I will be ready to taper or discontinue the controlled substance medication as my condition improves. If your condition does not improve, your physician may recommend additional conservative or invasive orthopedic procedures. If your level of pain does not allow you to taper and discontinue the controlled substance pain medication, you will be referred to a pain management specialist.
5. I agree to act responsibly including protecting and limiting access to these medications, and to properly dispose of any unused medication.
6. I will not accept or seek controlled substance pain medication from any other physician or health care provider, including an emergency room, while any GSOS physician is prescribing pain medication. It is essential that only one physician monitor and evaluate your pain medication.
7. If you have another condition that requires the prescription of a controlled substance medication (narcotics, tranquilizers, barbiturates, or stimulants) you will be asked to coordinate all medications with that prescribing physician.
8. It is important to use one pharmacy for all prescriptions in order to provide consistency. Please list your pharmacy \_\_\_\_\_  
Phone \_\_\_\_\_
9. I understand that lost, stolen, or misplaced prescriptions will not be replaced. This medication is prescribed for you and only your needs for pain control. To allow others to use your pain medications is illegal and dangerous; this behavior will not be tolerated by your physician and our practice.
10. I agree that I will not use any other illegal and/or recreational drug while receiving care and pain medication from this practice. Use of illegal and/or recreational drugs, especially while taking pain medication is extremely dangerous and potentially lethal.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_