



ATLANTIC PAIN MANAGEMENT & REHABILITATION, P.C.

CHRONIC PAIN MANAGEMENT AGREEMENT & PRESCRIPTION REFILL POLICY

When opioid medications are prescribed for long-term use as part of a program to control pain, improve quality of life and function, and minimize disability and impairment, certain expectations should be shared by both physician and patient:

1. The patient will not attempt to obtain any opioid or sedative medications from any source other than Atlantic Pain Management & Rehabilitation, P.C. If the patient receives emergency treatment that includes opioid or sedative medications, he/she will notify Atlantic Pain Management & Rehabilitation, P.C. immediately.
2. The patient must follow the physician's instructions precisely, and will not increase or alter the recommended dosages unless authorized by the physician or staff acting on the physician's specific recommendations. Prescriptions will not be refilled early for any reason.
3. The patient agrees to be responsible for all prescriptions and medications once issued, as they will not be replaced if lost, stolen or destroyed.
4. The patient will have all medications filled at one pharmacy. The patient's pharmacy is:

5. The patient agrees to random drug urine screens and random pill counts to monitor medication usage.
6. The patient will not share or sell medication.
7. The patient agrees to avoid alcohol on the day(s) in which he/she is taking opioids or sedative medications.
8. The patient agrees to avoid all illicit drugs.
9. The patient will not drive, operate heavy machinery, or serve in any capacity if he/she feels tired or mentally foggy.
10. Prescription refill requests will be accepted at the time of the patient's appointment or by calling the office during normal business hours. Prescription refill requests called in Friday will not be completed until the following Monday, or in the event of a holiday weekend, the following Tuesday.
11. Prescription refill requests will not be accepted on weekends, holidays or after normal business hours, as the physician is unable to review medical records.
12. Atlantic Pain Management & Rehabilitation, P.C. requires up to 48-hours to process prescription refill requests; therefore, the patient is required to monitor their medication supply carefully. Atlantic Pain Management & Rehabilitation, P.C. will not fill prescription refill requests on a walk-in or same day basis.
13. The patient agrees to comply with all other prescribed treatments (such as physical therapy, obtaining diagnostic studies, etc.).
14. The patient understands the use of opioid or sedative medications has potential complications, including the expected development of tolerance (reduced effect over time), dependency (the potential development of a withdrawal syndrome upon abrupt discontinuation of opioid or sedative medications), and in susceptible individuals, the possibility of "addiction" (where there is loss of control, compulsive use, and continued use despite adverse social, physical, psychological, or spiritual consequences).
15. Female Patients: I understand that taking opioid and sedative medications during pregnancy can be harmful to developing babies. I am not currently pregnant. If I become pregnant, or wish to become pregnant, I will notify Atlantic Pain Management & Rehabilitation, P.C. immediately.

This chronic pain management agreement and prescription refill policy has been reviewed and agreed upon. Any violation of the above issues will lead to dismissal of the patient from this practice.

Patient's Signature: _____ Date: _____

Physician/Provider/Assistant's Signature: _____ Date: _____