Prescription Policy

It is the policy of Brain & Spine Center to deliver quality care and treatment to all of our patients. Taking into account the nature of our specialty we realize that many patients come to us with chronic pain or some level of pain. It is our hope and belief that this pain can be treated conservatively through non-narcotic medication or surgical intervention if required.

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful but have a high potential for misuse and are therefore closely controlled by local, state, and federal governments. They are intended to relieve pain, thus improving function and/or ability to work. Because the provider is prescribing controlled substance medications to help manage my pain, I agree to the following conditions:

1. I am responsible for any controlled substance medications prescribed to me. If my prescription is lost, misplaced, stolen, or if I "run out early" I understand that it will not be replaced.
2. Refills of controlled substance medications:
    a. Will be made only during regular office hours: Monday through Friday.
    b. Will not be made as an emergency," and will require notification at least 24 hours in advance.
3. Triplicate prescription narcotic pain medications will not be administered. IF they are, they will be given in the office.
4. We no longer prescribe SOMA or LORCET.
5. Pain medication will not be provided to those under care of a pain specialist.
6. It may be deemed necessary by the provider that I see a medication-use specialist at any time while I am receiving controlled substance medications. I understand that if I do not attend such an appointment, my medication may be discontinued or may not be refilled beyond a tapering dose to completion. I understand that if the specialist feels that I am at risk for psychological dependence (addiction, my medication will no longer be refilled).
7. I understand that if I violate any of the above conditions, my prescription for controlled substance medications may be terminated immediately. If the violation involves obtaining controlled substances and medications from physicians, medical facilities, and appropriate authorities.
8. I understand that the main treatment goal is to reduce pain and improve my ability to function and/or work. In consideration of this goal, and the fact that I am being given medication to help me reach my goal, I agree to help myself by the following better health habits: exercise, weight control, and avoidance of tobacco and alcohol.
9. I must also comply with the treatment plan as prescribed by my physician. I understand that a successful outcome to my treatment will only be achieved by following a healthy lifestyle.
10. I agree to have all prescriptions for controlled substances filled at the same pharmacy. Should the need arise to change pharmacies there will be notification.

The pharmacy I use is: Ph:

*I have read this contract and I fully understand that the consequences of violating this agreement may result in my termination as a patient of this practice.

Patient Signature: Date: