

Narcotic Agreement

Dr. Mark Moran, Consultants in Pain Medicine

I, _____ understand that I am receiving opioid (narcotic) medications from Dr. Moran. I understand that there are risks associated with opioid treatment including but not limited to physical dependence, ADDICTION, change in personality, sleep changes, sedation, respiratory depression, nausea, constipation, bowel obstruction, weakness and changes in coordination, hormone changes, changes in sexual desire and performance and death. Stopping opioids suddenly can lead to rebound pain and/or withdrawal symptoms. I have read this contract, understand each point, and have been given the chance to clarify any points and ask questions, and agree to the following guidelines:

- I agree to come in for regular monthly visits.
- I agree to have any labs you advise, including random drug blood levels and urine drug screens. I agree to come in on a short notice for random pill counts to help assure I am taking my medications as prescribed.
- If an unforeseen situation occurs after hours such as a car accident or fall and narcotics are given from another physician, I will notify Dr. Moran immediately (by next business day) so it can be documented in my chart.
- I agree not to obtain or take or use any opioids from any friends, family, or anyone else that are not specifically written for my consumption.
- I will get my medications from only one pharmacy, and will inform Dr. Moran of any change in my pharmacy immediately.
- I will not give or sell my opioid medications to anyone else to use, not even my family. I will keep my medications in a safe, secure place to prevent theft, loss or accidental ingestion by other individuals (children).
- If my opioid medication is lost, stolen, destroyed, or used up early, I understand that it will **NOT BE REPLACED OR REFILLED** until the date of my next regular refill.
- I agree to NOT change my dose (self-increase) without permission and first discussing it with Dr. Moran.
- **I understand that it is my responsibility to plan ahead and call in my refills to the office 4-5 days ahead MONDAY – THURSDAY 8 AM – 12 PM ONLY. I understand that controlled medications are not filled on FRIDAYS, after hours, weekends or holidays. If I fail to call during the required times, I might be without narcotics until Dr. Moran approves a refill.**
- I will inform Dr. Moran and staff of ALL narcotics and controlled substances that I am taking at each visit.
- I understand any illegal drugs, to include marijuana, found in my system will result in immediate suspension of prescription narcotics from Dr. Moran
- If I need to change narcotics, I will stop the narcotic per plan and dispose of them properly in spoiled food, in kitty litter, in old grease, or anything that is not palatable.
- I understand narcotics are addictive and Dr. Moran will try to minimize long term consequences of narcotics. I will always try to wean my narcotics and take as needed.
- I understand medical guideline recommend taking narcotics only short term, as in weeks. If Dr. Moran gives me narcotics for longer he is doing so with my consent and I release Dr. Moran from any consequences I may have due to my choice to continue narcotic long term use. I understand I am going against Dr. Moran's medical advice if I continue my narcotics per my preferences instead of as recommended by Dr. Moran
- I have been educated and understand the CDC guidelines which include limiting narcotic doses to 90 mg of morphine equivalents daily and no benzodiazepines are recommended to be taken with any narcotics. Consequently, in trying to follow these national guidelines, I may have to wean my narcotic dosing and/or stop some medications.
- I am aware Dr. Moran can wean my narcotic dose based on his clinic interpretation about my weaning potential and benefit at that time.
- I am aware Dr. Moran may wean my narcotic dose at anytime even in the interval between visits and without prior notification. This narcotic contract states I will always try to wean my narcotics and take only for severe pain; consequently, although Dr. Moran will try to inform me of any weaning doses of narcotics, Dr. Moran does not need to inform me prior to any future weaning. If I have any questions, I understand Dr. Moran is always willing to discuss any of my concerns.
- I understand I will review the instructions on my prescription bottle for each prescription I obtain as the directions for taking my narcotics may have changed without my knowledge. If I don't review the instructions on the prescription bottle and take my narcotics inappropriately, I may run out of my narcotics early and will not get a refill until I am due based on the most recent plan.
- I will also verify the correct number of pills have been dispensed. If I do not verify the correct number, I may be shorted and consequently will run out early without an early refill.
- I understand any violation of these rules can result in immediate suspension of prescriptions for narcotics from Dr. Moran.
- I acknowledge I am responsible for thoroughly educating myself about the medicines I am taking, specifically potential side effects, sedation concerns, drug interactions, and dosing, therefore actively participating in my health care.
- I understand medicines such as narcotics, benzodiazepines, nerve calming meds, muscle relaxants, and alcohol can cause sedation alone or increased if taken with other medicines. I will drive or operate heavy machinery only if I am fully capable of safely and appropriately operating machinery.

Patient: _____

Date: _____