



Opioid & Illicit Drug Agreement

Controlled substances, such as narcotics, tranquilizers and benzodiazepines are very useful, but have high potential for misuse. They are intended to relieve pain and to improve function and/or ability to work, not simply to feel good. Northwest Brain & Spine providers are prescribing pain medications for a maximum of 3 months of post-operative care and do not prescribe for long-term pain management.

I agree to the following conditions:

1. I am responsible for my controlled substance medications, such as, oxycodone, hydrocodone, alprazolam, tramadol. If I lose the prescription or it is stolen, or if I use it up sooner than prescribed, I understand that it will not be replaced.
2. I will not request or accept controlled substance medication from any other provider except my current pain management provider while I am receiving medication from Northwest Brain & Spine providers.
3. There will be no early refills. Prescription refill requests will be processed within 24 to 48 hours. I agree to not call the office within 24 to 48 hours after my initial request.
4. I agree to comply with random urine, blood or breath testing to document the proper use of medications.
5. I further understand that driving a motor vehicle or operating machinery is not allowed at times while taking controlled substances. It is my responsibility to comply with the laws of the state while taking these medications.
6. I agree to waive any applicable privilege or right of privacy or confidentiality with respect of prescribing my pain medication.
7. I understand that side effects of sedation, itching, nausea, vomiting, difficulty urinating, constipation and other side effects are possible when combination of medications are taken. I further understand that a possibility of addiction and the probability of physical dependence exist and I consent to all of these risks.
8. I understand that suddenly stopping this medication may result in an abstinence syndrome. I also understand that in addition to the side effects listed above, a possibility of respiratory depression and even death exists from these substances. I will not overtake these medications, even if my pain level or other problems are very great.
9. I understand that violating any of the conditions of this agreement may result in dismissal from Northwest Brain & Spine. Violation of this agreement will result in narcotics no longer being prescribed.
10. I agree to not use and to disclose the use of any illicit drugs, such as cocaine, methamphetamine, etc, prior to treatment and care to prevent injury or harm.
11. I further agree that my narcotics prescription may be stopped or decreased at the discretion of Northwest Brain & Spine.

Printed Name _____

Signature _____

Date _____