

Medication Contract: After a thorough review of your medical history, failure of conservative, medical, and surgical management, it may be determined that you require narcotic medication for your chronic pain condition. You have been told the risks, complications, and side effects of the medication, prior to proceeding with the therapy. This contract applies to all Medications: Narcotic and Non-Narcotic, prescribed by Mukarram A. Khan, D.O. By signing below you agree to the following terms. Failure to comply with any of these terms may result in discontinuation of therapy and termination of treatment at Advanced Spine & Pain Management. This is a legally binding contract, and must be initialed and signed below.

_____ Patient will obtain **ALL** narcotic prescriptions only from Mukarram A. Khan, D.O.

_____ Patient will use only **1 (one) pharmacy** to have medication filled. This information will be kept on file within the patients chart.

_____ Patient has never been involved in the sale, diversion, illegal possession or transportation of controlled substance including: narcotics, sleeping pills, nerve pills, and/or painkillers.

_____ Patient **does not** have a current problem of substance abuse or dependence.

_____ Patient will take medication **only as prescribed** and under no circumstance allow any other individual to take these medications.

_____ Patient will follow the advice of Mukarram A. Khan, D.O. in regards to stopping controlled substances if it is considered necessary.

_____ Patient consents to unannounced blood/urine drug screenings test in order to properly assess the effect of narcotics and patient compliance.

_____ Patient will consent to unannounced pill counts of their medications.

_____ Patient understands it is their responsibility to make sure that the office has the correct contact information on file (etc. home/cell number, home address).

_____ If the patient is a female of child bearing age, the patient certifies that she is not pregnant and will take appropriate measures to prevent pregnancy during the course of treatment. If patient becomes pregnant, she will notify Dr. Khan immediately.

_____ Patient agrees to referral to other services including professionals from chemical dependency, Psychiatry, and behavioral services prior to and during drug treatment.

_____ Patient agrees to comply with the total treatment plan including other modalities of treatment (eg. Nerve blocks, physical therapy, psychological counseling, etc.) as deemed necessary.

_____ Patient will keep all appointments as scheduled with Mukarram A. Khan, D.O.

_____ Patient understands that medication is to be taken as prescribed **ONLY**. Patient will not deviate from treatment plan.

_____ Patient understands medications **will not** be refilled early. Patient **will not** call the physician after office hours to get medication refilled. Patient realizes that these requests will not be answered.

_____ Patient **will not** request refills for narcotics over the phone.

_____ Patient will be scheduled for appointments every month for assessment and medication refills.

_____ If patient ever test positive for **ANY** illegal drugs the patients narcotic medication can be stopped.

_____ If patient is ever found to have received narcotic medication from another provider the patient narcotic medication can be stopped.

_____ Patient understands that no allowance will be made for **LOST, SPILLED, or STOLEN** medications.

_____ If patient goes to an emergency room, urgent care facility or hospital, the patient is required to inform the treating medical staff of the existence of the opioid contract. Patient will notify the office within 1 (one) business day if given any medication.

_____ If the patient feels that they require more opioid (narcotics) medication than has been prescribed; they must contact Mukarram A. Khan, D.O. prior to increasing the dose.

_____ Patient will allow Mukarram A. Khan, D.O. and/or staff to communicate with the referring physicians and pharmacists regarding the use of narcotics.

_____ Patient **WILL NOT** dispose of medications without discussing with Dr. Khan. If it is determined the medications need to be disposed of, the medications will be brought to the office so they can be destroyed of properly.

_____ Patient **WILL NOT** use any illegal drugs or mix alcohol with any of the prescribed medications.

_____ Patient understand that if I am verbally or physically abusive to any staff member or engage in any illegal activity such as altering a prescription, that the incident may be reported to other physicians, local medical facilities pharmacies and other authorities such as the local police department, drug enforcement Agency, etc. as deemed appropriate for the institution.

The important risks and side effects are listed below:

1. Sedation, drowsiness, sleepiness.
2. Confusion, change in thinking ability.
3. Difficulty with balance, which may make it unsafe to operate heavy equipment or motor vehicles.
4. Constipation, nausea, vomiting.
5. Decrease in respiration or breathing.
6. Physical dependence, which means that, if you abruptly stop taking medication, you may begin withdrawal. Sign of withdrawal include diarrhea, abdominal cramping, "Goosebumps", flu-like symptoms and anxiety.
7. Physiological dependence or addiction.
8. Tolerance, which means that you will need more drugs to get the same effect.
9. Risks during pregnancy: children born to mothers on opioids are likely to be physically dependent to the drug at birth.

I have read this document, understand it and have had all my questions answered to my satisfaction. I consent to the use of opioids (narcotics) to help control my pain and understand that the treatment will be conducted in accordance with the conditions stated above.

Patient Signature

Mukarram A. Khan, D.O.

Witness

Date

Date

Date