



COMPREHENSIVE PAIN MANAGEMENT SPECIALISTS

P.O. Box 501724, San Diego, CA 92151
Telephone: 858.453.7700
Fax: 858.798.1225

Patient Name: _____ MRN _____
Date Given: _____ Contract Number: _____

OPIOID AGREEMENT: PART ONE

When opioids are prescribed communications must be clear, because the DEA monitors prescriptions closely.

- ◆ Narcotics do not cure pain conditions and they may cause other problems.
- ◆ The main goal of opioid therapy is to help improve your physical and vocational functioning.
- ◆ Before a prescription for opioids is written, your PCP must sign part 2 of this opioid agreement thereby agreeing to take over opioid prescribing when you are stabilized on these medications.

THE REQUIREMENTS

1. Have only one physician prescribing these opioids. Having more than one prescriber will constitute grounds for dismissal from the clinic.
2. Use only one pharmacy for medications. This pharmacy is "Pharmacy"
3. Take your medications as prescribed
4. Document your progress
5. Maintain a primary care physician. This primary care is "PCP"
6. Have your primary care physician signature on file at our Pain clinic prior to receiving a prescription for opioids.
7. Know that forged or abused prescriptions constitute grounds for dismissal.
8. Know that treatment discussions can only occur within your appointments
9. Telephone the pain clinic only for *urgent* medical problems. (Not for prescription refills)
10. Allow random drug screens to be taken
11. Allow us to discuss your case with your caregivers.

UNDERSTANDINGS

1. Prior to receiving a prescription for opioids, I must secure an agreement from my Primary Care Physician that he or she will take over opioid prescribing when my regimen is stabilized.
2. If I do not follow the above-listed requirements, I may be discharged from the pain clinic. The standard procedure is to be given a tapering dosage and a reference list of other community pain physician.

Patient signature

Date

Pain Physician signature

Date



COMPREHENSIVE PAIN

MANAGEMENT SPECIALISTS

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OPIOID AGREEMENT: PART TWO

Dear Primary Care Physician:

Your patient; _____ has been seen at Comprehensive Pain Management Specialists and appears to be an appropriate candidate for opioid therapy. Prior to initiating opioid therapy, we need your agreement that you are willing to take over the opioid or triplicate prescriptions once the treatment regimen is stabilized. Your patient has been apprised of the concerns and difficulties surrounding opioid prescriptions, and the final step is to secure your agreement. If you have any questions or concerns about this treatment regimen, the appropriateness of this regimen, or any other questions, please telephone us.

Here are the main points of the agreement:

Opiates do not cure pain conditions and they may cause other problems. The main goal of opioid therapy is to help improve your physical and vocational functioning. Your PCP signature must be on file prior to the initiation of opioid therapy.

Requirements

- ◆ Have only one physician prescribing these opioids.
- ◆ Use only one pharmacy for medications
- ◆ Take your medications as prescribed
- ◆ Document your progress
- ◆ Maintain a primary care physician. This primary care physician is:
- ◆ Have your primary care physician signature on file at Comprehensive Pain Management prior to the initiation of opioid therapy.
- ◆ Know that lost or stolen medications will not be replaced.
- ◆ Know that treatment discussions can only occur within your appointments
- ◆ Telephone Comprehensive Pain Management Specialists for URGENT medical problems.
- ◆ Allow random drug screens to be taken.
- ◆ Allow us to discuss your case with your caregivers.

Understandings

- ◆ Prior to receiving a prescription for opioids, I must secure an agreement from my Primary Care Physician that he or she will take over opioid prescribing when my regimen is stabilized.
- ◆ If I do not follow the above requirements, I will be discharged from Comprehensive Pain Management Specialists. The standard procedure is to be given a tapering dosage and a reference list of other community pain physicians.
- ◆ I have received and read the opioid therapy brochure that I will keep for future reference and questions.

Patient Signature

Date

Primary Care Physician signature

Date