



NARCOTIC PRESCRIPTION CONTRACT

You have agreed to receive narcotics for the treatment of your pain. It is important to have an understanding of the risks and responsibilities that go along with this treatment.

Any narcotic treatment is initially a trial, and continued prescription is based on evidence of benefit. I understand that the goal of using narcotics is to decrease my pain and increase my functional level. **If my pain does not significantly decrease and/or my function increase, the medication will be stopped.**

This medication will be strictly monitored and all of my medications must be filled at one pharmacy. The pharmacy I have selected is:

Pharmacy _____ Phone _____

I will take the narcotic medication **only as prescribed**. Any changes **must** be first discussed with and agreed upon by my provider.

Medications **will not** be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If my medication has been stolen and I complete a police report regarding the theft, and exception **may** be made.

It is brought to the attention of my provider that other providers are prescribing controlled prescriptions for me, my provider at Alta View Sports Medicine reserves the right to discontinue prescribing medication and/or discharge me from care.

I will communicate fully and honestly with my provider about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medication is helping to relieve the pain.

I understand that the prescription changes/refills **will not** be authorized outside of regular office hours.

I understand that my provider prescribes Narcotic Medications only in cases of acute injury and after surgery. If I require long-term pain control, I will be referred to my primary care physician or to a pain clinic.

Our staff will try very hard to deal with your needs in a courteous manner. The current health system has many areas where delays are inevitable (obtaining referrals and authorizations, for instance). We understand your frustrations; however, please don't take them out on our staff. Abusive behavior while dealing with our staff will not be tolerated.

Patient _____ Date _____

Narcotics will not be prescribed after _____

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