

Narcotic Prescription policy

Due to the increasing rate of narcotic dependence/abuse nationwide, we at Greater Phoenix Orthopedics have developed a Narcotic Prescription Policy limiting the use of these drugs in accordance with DEA and FDA guidelines. Please read this document carefully as this policy will be strictly enforced.

Arizona State has a central database that tracks prescriptions for controlled substances. Our office will consult this database prior to issuing a prescription.

All narcotic medications carry risk including respiratory depression, difficulty breathing, potential for drug addiction, increasing tolerance to medication, nausea, vomiting, bowel changes (constipation and possible obstruction), drowsiness, inability to concentrate, light-headedness, dizziness, and rebound pain or withdrawal if medication is abruptly stopped. Patients may also experience changes in coordination which will interfere with driving and fine motor movement. Other risks include changes in personality, sexual desire/performance sleep habits, appetite, and others.

I understand and agree to the following:

Narcotic pain medications will only be prescribed for post-operative pain or after an acute injury.

Patients who receive narcotic prescriptions will be closely monitored and will come in for regular visits.

Narcotics will be prescribed for a period of two to three weeks after a surgical procedure unless your surgeon extends the prescribing period based on your surgical procedure.

If you feel that you require narcotic pain medication after this point, we will provide you with the names of Pain Management providers who specialize in the treatment of chronic pain.

You must take the medication only as directed on the bottle, and not hoard, sell or share your medication.

Do not take narcotic medication with alcohol or other recreational drugs.

You will not obtain narcotics for other physicians or pharmacies during your treatment.

You will report any adverse reactions to the medications.

Refills will not be provided unless deemed necessary by your treating physician.

If a patient is found to be taking these medications more than directed, or in the event of suspected narcotic abuse, further prescriptions of narcotic pain medications will not be provided.

The use of narcotics may affect your alertness, reaction time, judgment, and/or decision-making abilities. You should not drive, operate machinery, or make important decisions while under the influence of narcotics.

Narcotics carry a risk of overdose. Do not combine narcotic use with the use of illegal drugs, alcohol, or controlled substances.

In the event that you have excess narcotic medication you must properly dispose of the remaining medication at a designated medication drop box A list of drop boxes, many of which are at police

stations, is available upon request. We recommend obtaining a receipt for the medication disposal, if available.

Refills may take up to three (3) business days to process, so you must call in advance. We may need to see you to reevaluate your condition prior to renewing your prescription.

Narcotic refills will NOT be provided after regular business hours.

Lost, damaged, or stolen prescriptions will NOT be replaced.

If you are receiving narcotics from another physician, you are expected to disclose this information to us at the time of your first visit. If this office receives notification that a patient is receiving narcotics from more than one physician, prescribing of such medication by this office will be immediately suspended.

If you feel that your symptoms are an emergency, you should seek medical attention at the nearest emergency room.

To request a refill prescription, please contact your physician's patient care coordinator. When leaving a message, please indicate your name, date of birth, phone number, drug allergies, the name and phone number of your pharmacy, and the name and dosage (strength) of the medication. Arizona state law now requires that all prescriptions must be sent to your pharmacy electronically, so it is vital that you provide us with the correct information.

FEMALE PATIENTS: I affirm that I am not pregnant and that I will immediately notify Greater Phoenix Orthopedics if I plan to or do become pregnant.

We have created this policy to ensure the health and safety of our patients. We appreciate your cooperation. By reading and signing this policy, you agree to the terms listed above. If you do not agree, we would be happy to assist you in finding a provider better able to meet your needs.

I have read and fully understand this form. I understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this form.

Patient Signature: _____ Date: _____