

# Interventional Pain Management Interventional Pain Management

## Medication Agreement

I \_\_\_\_\_ am entering into a contract with Dr. Urfan Dar/Dr. Sridhar Vasireddy regarding the prescription of chronic narcotics for my pain. I understand that if I break this agreement all narcotic therapy may be discontinued.

I agree to the following:

1. It is understood that failure to adhere to any of these policies may result in cessation of therapy with controlled substance prescribing by this physician, referral for further specialty treatment, and/or termination from the physician's services.
2. I will have regular appointments with Dr. Dar/Dr. Vasireddy. I will receive all prescriptions during these appointments and not over the telephone or called into the pharmacy. Renewals are contingent on keeping scheduled appointments.
3. All my narcotics will be obtained from the same pharmacy, listed below, and I agree not to change pharmacies without notifying Dr. Dar/Dr. Vasireddy. The pharmacy name is \_\_\_\_ phone:\_\_\_\_\_.
4. I will not receive controlled substances from any other doctor. I understand that Dr. Dar/Dr. Vasireddy will be the prescribing physician.
5. I give Dr. Dar/Dr. Vasireddy the right to discuss all diagnostic and treatment details with the above named pharmacy or other professionals who provided healthcare for accountability purposes.
6. I will not share, sell, or otherwise allow others access to my medications. I will take the highest possible degree of care with my medication and prescription and make sure they are not left where others might see or otherwise have access to them. These drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child; you must keep them out of reach of such people.
7. I will immediately report any new medications, medical conditions, or side effects from any of the medications that I may take.
8. I understand that chronic narcotic use can have the following negative effects:
  - The potential to develop psychological and/or physical dependence or addiction to the medications.
  - Stopping of these medications abruptly or a sudden decrease in dosage may result in withdrawal symptoms. These symptoms include sweating, goose flesh, tearing, runny nose, yawning, itching, muscle spasms, weakness, diarrhea, backache, stomach and leg cramps, hot and cold flashes, sleeping problems, nausea, vomiting, rapid breathing, or increase in blood pressure.
  - Impairment of mental and physical abilities required for tasks such as driving and operating heavy machinery.
  - Mixing narcotics with alcohol or other depressants such as sleep aids or tranquilizers may cause negative side effects.

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9. I am aware that certain other medications such as nalbuphine (Nubain), pentazocine (Talwin), buprenorphine (Buprenex), and butorphanol (Stadol), may reverse the action of the medicine I am using for pain control. Taking any of these other medicines while I am taking my pain medicines can cause symptoms like bad flu, called a withdrawal syndrome. I agree not to take any of these medications and to tell any other doctors that I am taking an opioid as my pain medicine and cannot take any of the medicines listed above.
10. I understand that I may be asked, at any time, for a urine or serum screening. I agree to immediately comply with this request.
11. I understand that early refills will generally not be permitted and my medications will not be replaced if lost, stolen, or otherwise destroyed.
12. If the responsible legal authorities have any questions regarding my treatment all confidentiality is waived and these authorities may be given full access to my records of my controlled substances administered. This may occur if you are obtaining medications from different pharmacies or various physicians.
13. I understand that if I am not receiving pain relief and improved activity my medications may be discontinued and alternative treatments and medications will be tried.
  - (Males only) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I understand that my doctor may check my blood to see if my testosterone level is normal.
  - (Females only) If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medicines the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with at risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

I agree that I have read and understand this medication agreement. I agree to adhere to all terms listed in this agreement and understand that failure to adhere to these terms may result to in discontinuation of my narcotics.

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(Physician Signature)

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(Patient Signature)

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(Date)

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(Date)