Colorado Orthopaedics
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NARCOTIC PAIN MEDICATION CONTRACT

PATIENT NAME (PLEASE PRINT):____

PHYSICIAN NAME: ____

The purpose of this agreement is to prevent a misunderstanding about how narcotic prescriptions are distributed by the physician to the patient in this office. This document will help both the patient and the doctor comply with the federally mandated laws regarding controlled pharmaceuticals.

Use of narcotic pain medication can produce dangerous side effects and potentially cause addiction if used for extended periods of time. Narcotic pain medications are used in this office for treatment of acute or short-term pain such as the pain experienced after an injury or surgery. The amount of narcotics taken for any condition will be limited in order to prevent the body from building up a tolerance to the medications.

It is important to remember that other techniques may be used in place of narcotics for symptom control such as ice/heat, massage, deep breathing and relaxation techniques, and over-the-counter medications such as Extra Strength Tylenol, etc. You should check with your physician prior to starting any over-the-counter medications.

Medication will be provided post surgery for up to 90 days. After 90 days, alternative sources will be recommended by the physician (Return to primary care doctor, referral to pain management, etc.)

If any side effects from the prescriptions occur, please notify the medical assistant at Colorado Orthopaedics (303)662-8250.

Medication refill requests must be called in Monday through Thursday between 8AM – 4PM. Prescription refills will not be issued on Fridays or outside of office hours by the on-call physician. Please allow 48 hours for processing of refill requests.

Colorado Orthopaedics will not permanently take over medications if a patient is enrolled in a pain management program.

If you are receiving pain medications from multiple doctors, Colorado Orthopaedics will discontinue prescribing pain medications for you and dismiss you from our practice.

(Updated 07-2019)

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I will use any and all prescription medications that are issued to me in accordance with the specific dosing regimen, without deviation, escalation or significant disparity from my provider's directions. Violation of this agreement shall constitute grounds for termination of the patient/provider relationship and subsequent discharge from our practice immediately.

I will not trade with or sell my medicines to anyone.

I will not attempt to obtain any controlled medications, including opioid pain medication, controlled stimulates or any anti-anxiety medicines from any other physician without consent of my prescribing physician.

I will safeguard my medications from loss or theft. Lost or stolen medications WILL NOT be replaced.

I will turn in all unused medication if a prescription is changed.

I authorize the doctor and my pharmacy to cooperate fully with any City, State or Federal law enforcement agency including the State Board of Pharmacy, State Board of Medical Examiners and the Drug Enforcement Administration (DEA) in the investigation of any possible misuse, sale or other diversion of my pain medicine.

I authorize my doctor to provide a copy of this agreement to my pharmacy if requested. I agree to waive any applicable right of privacy or confidentiality with respect to these authorizations.

Patient's signature indicates that the patient understands and agrees to this policy.

PATIENT SIGNATURE: ____

DATE: ___________________________________

(Updated 07-2019)