



JACKSONVILLE
PAIN CENTER

.....Center for excellent care

Controlled substance (Medication) agreement

We are committed to doing all we can to treat your chronic pain condition. In some cases, opioids and other controlled substances are used as a therapeutic option in the management of chronic pain and related conditions all of which are strictly regulated by both state and federal agencies. This agreement is a tool to protect both you and the physician by establishing guidelines, within the laws, for proper controlled substance use.

1. All controlled substances have a potential for dependency and abuse.
2. All controlled substances must come from the physician whose signature appears below or, during his absence, by the covering physician, unless specific authorization is obtained for an exception.
3. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be notified. The pharmacy that you have selected is:
_____ Phone: _____
4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacies or other professional who provide your health care for purpose of maintaining accountability.
5. You should not share, sell, or otherwise permit others including spouse or family members to have access to these medications.
6. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may result in your discharge from the facility.
7. I will not consume alcohol in conjunction with narcotics, nor will use, purchase, or otherwise obtain any illegal drugs.
8. Medications may not be replaced if they are lost, get wet, are destroyed, left on the airplane or vacation places, etc. If your medication has been stolen, it will not be replaced unless explicit proof is provided with direct evidence from authorities. A report narrating what you told to Dr. Shah is not enough.
9. If the responsible legal authorities have questions concerning treatment, as might occur, (for example, if you were obtaining medication at several pharmacies), all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
10. Early refill will not be given. Renewals are based upon keeping scheduled appointments with Dr. Hemant Shah. Please do not phone for prescriptions after hours or on weekends.
11. In the event, you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.
12. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or discharge from the facility.
13. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understood, and accept all of its terms.

Patient's Full name

Date

Dr. Hemant Shah

Patients' Signature