

Cape Fear Orthopaedic Clinic, P.A.  
Contract for Controlled Substance Prescriptions

Controlled substances (i.e. narcotics, tranquilizers, and barbiturates) are very useful in the treatment of pain; however, they present a high potential for misuse. As a result, local, state, and federal governments closely control these medications. They are intended to relieve pain and to improve function and/or the ability to work. These medications are not designed to simply feel good. Because my physician may prescribe controlled substances to help me manage my condition, I agree to the following conditions:

1. I am responsible for my controlled substance medications. If the prescription is lost, misplaced, or stolen, or if I use it sooner than prescribed, I understand that it will not be replaced.
2. I will not request or accept controlled substance medication from any other physician or individual while I am receiving such medication from Cape Fear Orthopaedic Clinic, P.A. Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted in the hospital.
3. Refills of controlled substance medications:

\*Will be made only during regular office hours. Refills will not be made at night, on holidays, or weekends.

\*Will not be made if I “run out early”. I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.

\*Will not be made as an “emergency”. I will call at least seventy-two (72) hours ahead if I need assistance with a controlled substance medication prescription.

4. I understand that if I violate any of the above conditions, my controlled substance prescription and/or treatment with Cape Fear Orthopaedic Clinic, P.A. may be terminated. If the violation involves obtaining controlled substances from another individual, as described above, I may also be reported to my physicians, medical facilities, and other authorities.
5. I understand that the main treatment goal is to improve my ability to function and/or work. I agree to help myself reach that goal by following better health habits: exercise, weight control, and the non-use of tobacco and alcohol. I understand that only through a healthier life-style can I hope to have the most successful outcome to my treatment.

I have been fully informed by Cape Fear Orthopaedic Clinic, P.A. and the staff regarding psychological dependence (addiction) of a controlled substance, which I understand is rare. I know that some persons may develop a tolerance, which might result in the need to increase the dose of the medication to achieve the same effect of pain control, and I do know that I will become physically dependent on the medication. This will occur if I am on the medication for several weeks, and when I stop the medication, I must do so slowly and under medical supervision or I may have withdrawal symptoms.

I have read this contract and Cape Fear Orthopaedic Clinic, P.A. and/or their staff has explained it to me. In addition, I fully understand the consequences of violating this contract.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

*Revised 1/1/2007*