

SOUTH FLORIDA NEUROLOGY ASSOCIATES, P.A.

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CONTRACT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS

Controlled substance medications (narcotics, tranquilizers and barbiturates) can be very useful in the treatment of headaches and other pain syndromes. Unfortunately, they also have a high potential for abuse and misuse and are closely supervised by the local, state, and federal governments.

Dependence upon the regular intake of analgesics can easily lead to "rebound" headaches, as well as confusion, forgetfulness, and excessive drowsiness. This occurs when the brain becomes accustomed to the chemicals in the analgesics and expects those same chemicals within a certain time frame. When the analgesics are withheld, a withdrawal effect can occur. **Headache therapy usually cannot commence without an inpatient or outpatient withdrawal of the patient experiencing drug abuse headache.** Withdrawal is only the first step towards the successful treatment of the patient suffering with headache.

I agree to enter into the following contract with the health care providers of South Florida Neurology Associates, P.A.:

1. I am responsible for my controlled substance medications. If the prescription or medication is lost, misplaced, or stolen, or I use it sooner than prescribed, I understand that it will not be replaced.
2. I will not request nor accept controlled substance medication from any other physician or individual while I am receiving such medications from South Florida Neurology Associates, P.A. The exception would be if I were hospitalized and under the care of another physician.
3. Refills of controlled substance medication:
 - a. Will be made during office hours only 10:00 AM to 4:00 PM, Monday through Friday, once a month. **Refills will not be made at night, on holidays, nor on weekends.**
 - b. 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 left.
 - c. Will not be made as an "emergency." I will call at least 24 hours ahead if I need assistance with a controlled substance medication prescription.
 - d. I understand that if I violate any of the above conditions, my relationship with South Florida Neurology Associates, P.A. will be terminated. I understand that I may be reported to the Drug Enforcement Agency (DEA), other physicians, and local medical facilities.

I have read and agree to the terms of the CONTRACT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS of South Florida Neurology Associates, P.A as signed and witnessed below.

Name of Patient (printed)

Signature of Patient

Date

Name of Witness (printed)

Signature of Witness

Date