



SPINE & SCOLIOSIS SPECIALISTS

ADVANCED TREATMENT & SURGERY

2105 Braxton Lane, Suite 101 • Greensboro, NC 27408
4590 Premier Drive • High Point, NC 27265
Phone: (336) 333-6306 • Fax: (336) 333-6309

MEDICATION POLICY

Controlled substance medications (narcotics-opioids, tranquilizers, barbiturates: i.e., any drug which produces sleep or stupor) can be very useful, but have a high potential for misuse and abuse. Therefore, these controlled substances are strictly governed by the United States Drug Enforcement Agency. When used properly, these medications can be very effective pain management. When used excessively, they can cause adverse effects such as impaired judgment, vomiting, constipation, lethargy, or even death. To insure these medications are used properly, I agree to the following conditions:

1. I am responsible for my narcotic medications. If the prescription or medication is lost, misplaced, or stolen, or if I use it more often than prescribed, I understand that it will not be replaced.
2. I will not request, nor accept, narcotic medication from any other physician nor individual while I am receiving such medication from Spine & Scoliosis Specialists (except if I am a patient in a hospital). Besides, it is illegal to do so (NGR 450.091).
3. Refills of narcotic medication, if applicable, will be made only during normal office hours, Monday – Thursday 8 a.m. to 5 p.m. and Friday 8 a.m. to 3 p.m. Refills will not be made at night, holidays or weekends. Please allow 3 business days for refill request.
4. I understand that if I violate any of the above conditions or at any time decline to take a urine test for controlled drugs at my physician's request, my narcotic prescriptions may be terminated. These violations may also be reported to other physicians, and the authorities.
5. I understand that if I am receiving medication from more than one pharmacy, I will inform the clinical staff.
6. I agree to keep all appointments related to medication refills and I understand that I may be denied a medication refill for missed appointments.

Patient's Name

DOB

Patient's Signature

Date