



PRESCRIPTION DRUG MONITORING AND PAIN MANAGEMENT AGREEMENT

With the nationwide opioid (narcotic) drug crisis, Federal and State Governments have enacted strict prescribing guidelines for physicians who treat diverse types of pain in their patients. Georgia House Bill 249 requires that prescribers closely monitor the prescribing of controlled substances. This can help to eliminate duplicative prescribing and overprescribing of controlled substances and protect patients at risk of misuse. (<https://dph.georgia.gov/pdmp>)

I understand that the use of narcotics to control my pain carries the risk of addiction as well as other side effects. I understand that narcotics may impair my ability to operate a motor vehicle and heavy equipment.

Prescribing Narcotics

Dominion Orthopedic & Spine is committed to complying with all federal and state regulations as it relates to the prescribing of controlled substances. In general, controlled substances may be prescribed only as follows:

- Within the first six (6) days following surgery
- For a limited number of injuries that are not surgical problems
- Refills cannot be provided.
- Pharmacists will fill prescriptions or electronic prescriptions sent directly from the physician's office.
- Narcotics cannot be phoned-in to the pharmacy.
- Narcotics cannot be prescribed through the Emergency Room

Alternatives to Narcotics

- Icing (if within 5 days of an injury or surgery) can be helpful. Apply for 20 minutes, remove for 20 minutes, repeat. A bag of frozen peas conforms nicely to most injured areas.
- Heat (usually best 5 or more days after injury or surgery). Apply a heating pad or microwavable pack for 5 minutes, remove for 5 minutes, repeat. Test microwavable packs for overheating – if it feels uncomfortable, it is too hot.
- Warm pain relief creams or gels such as Deep Heat.
- Non-opioid prescription medications (if deemed appropriate by your doctor) such as Meloxicam or Voltaren. **DO NOT MIX THESE MEDICATION WITH OVER-THE-COUNTER PAIN RELIEVERS LIKE**

MOTRIN OR TYLENOL. USE THEM ONLY AT THE DOSE AND AT THE TIME INTERVAL PRESCRIBED BY YOUR DOCTOR.

- Relaxation techniques such as Meditation or Visualization.
- TENS Unit (prescribed by your doctor or purchased over the counter). These devices provide electrical stimulation through the skin to block pain signals to the brain and to promote the body to produce endorphins, which are a natural pain reliever.
- Topical analgesic creams such as Icy Hot for cold relief

To reduce the risk of narcotic misuse, I expressly agree to the parameters listed below:

- I will not use the narcotics/pain relief medication at doses higher than prescribed.
- I will not request or receive narcotic prescriptions from other medical providers, except as authorized by my physician.
- I will not request early prescription refills except under the most adverse conditions.
- No replacements will be provided for lost medications or prescriptions.
- If any early refill is granted for reasons of travel, etc. the next refill will be delayed by an amount of time equal to the number of days of the early refill.
- I understand that my physician will need to see me for regularly scheduled visit to follow up on my chronic pain issues. It is my responsibility to schedule the appointment so that I do not run out of medication.
- I will request medication refills as least three (3) business days ahead of the time I will run out.
- I agree to release information from all pharmacies where I obtain medications. I will choose one pharmacy to fill my pain medication and I will notify my physician if I change pharmacies.
- I will consent to random drug testing.

No refills will be made at night, on holiday or weekends. I will not request refills from on-call physicians.

I have been informed that I may not take other drugs such as tranquilizers, sedatives, or antihistamines without first consulting with my physician. I understand that I should not mix my medication with alcohol. The combination use of the drugs may produce profound sedation, respiratory depression, and in worst cases, death. I understand that I can reach out to my insurance carrier and request a Medication Therapy Management (MTM) review.

Failure to abide by the parameters will be grounds for termination of the prescription of narcotics by Dr. John Foster and the Dominion Orthopedic & Spine care team.

I have read, understand, and agree to follow the rules of the agreement. I authorize a copy of this agreement, if required to my pharmacist.

Name of your preferred pharmacy: _____

Address of your preferred pharmacy: _____

Patient Signature: _____

Date: _____