SPINECARE MEDICAL GROUP

Alexis M. Waguespack, M.D.
Orthopedic Spine Surgeon

Controlled Substance Agreement

This agreement relates to my use of controlled substances for pain prescribed by Spinecare Medical Group. The purpose of this agreement is to prevent misunderstandings about certain medications you may be taking. This is to help both you and your doctor to comply with the law regarding controlled substances.

I have been informed of and understand the policies regarding the use of controlled substances that are followed by the staff at Spinecare Medical Group. I understand that I will be provided controlled substances only if I adhere to the following conditions:

1. I will use the substances only as prescribed by the doctor.
2. I will not receive replacement medications for any medications, which I have lost or stolen.
1. I will receive controlled substances only from Spinecare Medical Group. Information that I have received controlled substances outside the Spinecare Medical Group will lead to discontinuation of treatment.
3. I will not expect to receive additional medication prior to the time of my next scheduled refill, even if my prescription runs out.
2. I agree to schedule and keep scheduled follow-up appointments with my physician at recommended intervals. I understand that failure to keep appointments may lead to discontinuation of treatment.
3. If it appears to the physician that there are no significant benefits to my daily function or any improvement in my quality of life from the controlled substance, I will gradually reduce my medication as directed by the prescribing physician.
4. I agree to partake in urine and blood screens to detect the use of non-prescribed medications (including “street” drugs) at any time.
4. I recognize that my pain represents a complex problem, which may benefit from physical therapy, psychotherapy, behavioral medicine strategies, as well as surgery. I also recognize that my active involvement in the management of my pain is extremely important. I agree to actively participate in all aspects of my treatment to maximize functioning and improve coping with my condition.
5. I am responsible for keeping track of the amount of medication left and to plan ahead for arranging the refill of my prescriptions in a timely manner so I will not run out of medications *
5. I agree to use ONE pharmacy for filling all my prescriptions except in case of an emergency.
6. I will participate in the Monthly Prescription Program** if my physician deems it appropriate.
7. If I violate any of the above conditions, my obtaining prescriptions and/or treatment at Spinecare Medical Group may be terminated. Also, a drug-dependence treatment program may be recommended.
8. If the violation involves obtaining controlled substances or any prescription for my pain condition from another individual or if I engage in any illegal activity such as altering a prescription, I understand that the incident may be reported by my physician to other physicians caring for me, local medical facilities, pharmacies, and other authorities such as the local police, Drug Enforcement Agency, etc. as deemed appropriate for the situation. I agree to waive any applicable privilege or right to privacy or confidentiality with respect to these authorizations.

***Medication Refill Information:**

A. Pharmacy Name, Location, and Phone Number:
_____

B. Requests for scheduled refills must be telephoned only during regular office hours Monday – Friday (8:00 a.m. – 4:00 p.m.). Refills will not be made at night, on holidays, or on weekends.

C. Most controlled substances can not be telephoned in to a pharmacy. You must make arrangements to pick up your prescription during regular business hours.

****Monthly Prescription Program:**

A. I will be given a thirty (30) day supply each month.

By signing below, I indicate that I understand and agree to all the terms of the above contract. I have received a copy of this Agreement for my own records.

_____ _____
Patient Printed Name Date

_____
Patient Signature

Metairie
3901 Houma Boulevard Plaza 1- Suite 113
Metairie, Louisiana 70006
Phone: 504-300-9019
Fax: 504-274-1331

Uptown
2801 Napoleon Avenue - 2nd Floor
New Orleans, Louisiana 70115
Phone: 504-300-9019
Fax: 504-274-1331

Westbank
1849 Barataria Boulevard - Suite C
Marrero, Louisiana 70072
Phone: 504-392-7123
Fax: 504-392-7823