

**PRESCRIPTION CONTRACT**  
**INFORMED CONSENT AND CONTRACT FOR**  
**CONTROLLED SUBSTANCES:** \_\_\_\_\_

\_\_\_\_\_ **Benzodiazepine** \_\_\_\_\_ **Stimulant**  
\_\_\_\_\_ **Other Class**

Because of the potential for some of the adverse consequences noted above, prescribing controlled substances must be done in the organized and carefully documented manner. Prescribing flexibility is limited by both state and federal law. Both the physician and patient have a responsibility for the safe and effective use of controlled substances.

It is important that you review and agree to the following conditions:

- Prescriptions will only be filled by one physician,  
Dr. \_\_\_\_\_.  
If that physician is unavailable, the office will make appropriate arrangements.
- Prescriptions will only be filled at one pharmacy,  
\_\_\_\_\_  
A copy of this contract will be sent to the pharmacy.
- Your dose, frequency and date of last prescription will be maintained in your chart.
- Loss or theft of medication must be reported immediately to the police. Loss or theft of prescriptions will be grounds for discontinuation of treatment. Medication will not be replaced.
- Random urine drug testing may be used to document use of medication and to ensure that there is no use of illicit drugs.
- If you receive care from another provider (Example: emergency room, oral surgeon, etc) you must inform them that you are on a controlled substance contract with us. You must inform us if you receive controlled substances from another provider.
- Controlled substance therapy will be discontinued if you:
  - Experience progressive tolerance that cannot be managed by adjustments to the medication
  - Experience unacceptable side effects
  - Experience a decline in daily functioning
  - Exhibit addictive behavior
  - Adjust your medication without consulting with the office
  - Obtain controlled substances from multiple physicians or from street sources
  - Fill prescriptions at other pharmacies without explanation
  - Sell, share, or lose medication
  - Alter prescriptions or use of any illegal street drugs
- Controlled substances will not be prescribed over the phone or by the on call physician.

I have had the opportunity to review the above consent form and contract for long term controlled substance therapy. I have been given the opportunity to ask questions about the risks and benefits of the proposed treatment. I accept the risks and conditions outlined above.

Patient Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_