



Edward S. Rubin, M.D. PC

Board Certified Anesthesiology & Pain Medicine

410 Lakeville Road Suite 303 New Hyde Park, NY 11042 : Tel 516.492.3100 : Fax 516.492.3097 : www.selectpainconsultants.com

Request for Narcotic Therapy

I, _____, am requesting treatment with narcotic pain medication(s) because other therapies, treatments, and/or medication(s) that I have previously received had not provided me with adequate relief of pain. I understand that it is unlikely that any medication(s) will completely remove or eliminate my pain. I further understand that the narcotic pain medication(s) will be prescribed for me for humane reasons as long as my pain continues at the present level or intensity, provided that I follow all terms of this agreement/contract.

Potential Complications

My physician, Edward Rubin, MD, has discussed potential long-term narcotic therapy with me in detail and I understand some of the possible complications that may occur are:

- Chemical/physical dependence and addiction
- Severe constipation which could require medical treatment. Difficulty with urination
- Drowsiness
- Nausea
- Itching
- Slowed breathing or respirations
- Reduced or absent sexual desire and/or function

I also understand that if I take more medication than my physician has prescribed serious and life-threatening complication may occur. Serious complications include but are not limited to:

- Coma
- Organ damage or failure death

I further understand that if I take all my medication(s) sooner than prescribed or if I suddenly stop taking my medication(s) that I could have narcotic withdrawal symptoms that can be very painful and life threatening.

(Female patients only) I understand that there are both known and unknown hazards/risks to an unborn infant if the mother takes narcotic medication(s). The risks/hazards include but are not limited to narcotic addiction of the infant with narcotic withdrawal after birth. I, _____ assume full responsibility for notifying my physician if I suspect or confirm that I am pregnant. I further understand that a different plan of treatment, without the use of narcotics, will be tried during pregnancy.



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Terms/Agreements

This narcotic agreement/contract is contingent on compliance with ALL of the following patient and physician terms:

1. Only one pharmacy will be used for filling narcotic prescriptions. The selected pharmacy is: _____
2. I agree to receive narcotic medications prescriptions ONLY from the physician(s) at our center
3. In order to obtain a refill for narcotic medication(s), I understand that an appointment must be scheduled with the physician. I further understand that it is my responsibility to assure that I have enough medication to last through the weekend, holiday, and/or after hours (4 pm - 8 am).
4. I understand that Edward S Rubin, MD PC does not accept telephone requests for narcotic prescriptions and I must be seen at my regularly scheduled appointment with the physician to receive a narcotic prescription.
5. In the case of another physician(s) on-call after hours, on holidays, and on weekends will NOT refill my medications. It has been explained to me that they do not have charts available for review to make decisions regarding medications.
6. I agree to be under the care of a primary care physician. I will inform Edward S Rubin, MD PC if I change my primary care physician. My primary care physician is: _____.
7. I hereby authorize a release of information that allows the physician(s) and/or staff to communicate and collaborate with any other health care provider(s) currently involved in my care, as well as, those previously involved in my care.
8. I understand that at Edward S Rubin, MD PC there are many different professionals on staff who work together with a team approach to treatment. I further understand that the team will meet and discuss my treatment plan and progress and give permission for the team to discuss my plan and progress.
9. I will notify Edward S Rubin, MD PC about medication side effects.
10. I understand that if a serious issue effect occurs after hours, on a holiday, or during the weekend, that I should immediately seek Emergency assistance from the nearest hospital.
11. Prescription dosage(s) have been thoroughly explained to me by my physician and I understand that I SHALL NOT change dosage amounts or alter the time schedule of the prescribed medication without directions to do so by my physician.
12. I understand that narcotic medication(s) should be kept in a safe place at all times and that I am responsible for the security of my medications. It has been thoroughly explained to me that the policy does not allow for replacement of misplaced, spilled, inaccessible, or lost narcotic medication(s) or prescription(s). I understand that if my medication(s) or prescription(s) are stolen that I must deliver a police report to my physician and they will contact the police department for verification of the report. A second event such as above may lead to termination of this contract.



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13. I must keep all appointments as recommended by my physician.
14. I understand the benefits of narcotic medications will be evaluated regularly using the following criteria:
 - increase in general level of functioning
 - increase in life activities
 - decrease in the intensity of pain
 - absence of unacceptable or intolerable adverse side effects
 - improvement in mood
15. I agree to participate in psychotherapy sessions and psychological testing as deemed appropriate by my physician and/or the team of health care provider(s).
16. I agree to submit to random urine and/or blood screens for other medications and drugs.
17. I have been given information about the use of narcotic medication, including possible risks and adverse side effects such as the development of tolerance, dependence, addiction, and withdrawal and after thoroughly reviewing the information, I believe the benefits will be greater than the risks.
18. I will not hoard narcotic medication.
19. I will not alter the narcotic prescription.
20. I will not drink alcohol within 24-48 hours of taking narcotic medication(s).
21. I understand that a Nurse may notify me of noted violations to this contract and such notification will be considered appropriate. Violations in the contract may result in Narcotic Treatment Monitoring for six (6) months.
22. I agree to allow Edward S Rubin, MD PC to contact other pharmacies to discuss my medications.

Narcotic Treatment Monitoring

*During this period, I understand that I might have my narcotic medication discontinued at any time for any reason, per a decision by my physician and the health care team. With notification of such discontinuance, I will be provided with a 30 day supply of appropriate medication(s). I further understand that during this period, I might be referred to an addiction specialist or to a drug detoxification program. In addition, I also realize that I might be immediately referred to an inpatient drug detoxification program and NO further medication will be provided.

I attest to the following (initial below):

- _____ I am not using illegal drugs or prescription drugs prescribed for someone other than myself.
- _____ I am not undergoing treatment for substance (drugs or alcohol) dependence or abuse.
- _____ I have never been involved in the sale, illegal possession, or transport of drugs.



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(Females only) I am not pregnant and I will inform the medical staff at Edward S Rubin, MD PC if I become pregnant or intend to become pregnant. I understand there may be harmful effects on an unborn infant if I take narcotic medication(s). (Initial below:)

_____ A narcotic information form was provided.

_____ I have read or had it read to me and,

_____ I understand the possible side effects and complications of narcotic therapy.

Release

I release my physician, the team of health care providers, and Edward S Rubin, MD PC from liability for any medical or social conditions or consequences related to narcotic medication(s) therapy and/or discontinuance of narcotic medication(s).

Acknowledgement/Agreement

I hereby acknowledge that the content of this contract has been explained to me. In addition, I have either read the contract or had it read to me. I was offered many opportunities to ask questions and discuss any unclear aspects of this contract. **I acknowledge that I fully understand that my failure to comply with any term(s) set forth within this agreement will result in a termination of this contract and of my care and medications at our center.**

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____