

*Southern Kentucky Primary Care
1325 Andrea Street Suite 200
Bowling Green, KY 42104*

Pain Medicine Policy

Please read carefully and sign at the bottom. A copy will be provided to you upon request

1. I agree to take **ALL** medication exactly as instructed. I am **NOT** allowed to change dosage amounts or alter the time schedule of taking the medication without first talking to my prescribing physician.
2. Narcotics will **NOT** be phoned in after business hours or on weekends.
3. Only one pharmacy will be used for filling **ALL** prescriptions.
4. The following are conditions for immediate termination from the practice.
 - A. Obtaining narcotics from any other physician while under our care without our knowledge.
 - B. Altering or forging of a prescription is a felony and will be reported.
5. Patients may be terminated from the practice with 30 days notice for non compliance in the taking of their medication.
6. We will **NOT** refill narcotic prescriptions that have been lost or misplaced. Please be responsible in keeping up with your narcotic prescriptions.
7. Stolen medications will be replaced **ONE** time only if you have a valid Police report.
8. In the case of intolerance of ineffective narcotic medications, a different Prescription could be given, **at the doctors discretion**.
9. I am aware that most of the manufactures of drugs used to treat chronic pain recommended **AGAINST** the operation of heavy equipment, which includes driving motor vehicle. I am aware that if I choose to drive a vehicle I could be charged with a DUI.
10. I will allow 24 hours for prescription refill to be authorized. I also understand that requests received after 4:00 PM are handled on the next business day.

I have read and understand the above policy and agree by its terms.

X

Patient Signature

Date