

River Cities Bone and Joint Centre Prescription Policy

The purpose of this agreement is to prevent misunderstandings about certain medicines you will be taking for pain management. This is to help both you and your provider to comply with the law regarding controlled pharmaceuticals.

- I understand that this agreement is essential to the trust and confidence necessary in a provider/patient relationship and that my provider undertakes to treat me based on this Agreement
- I understand that if I break this agreement, my provider will stop prescribing me any or all medications.
- I will not use any illegal substances, including Marijuana, cocaine, etc...
- I will not share, sell or trade my medications with anyone.
- I will not attempt to obtain any prescriptions, including Opioid pain medicines, controlled stimulants, or anxiety medicines from any other source, unless I discuss this with my provider first.
- I will safeguard my medication from loss or theft. Lost or stolen medicine will not be replaced.
- I understand that medication refills are made only during regular business hours.
- No refills will be made during evenings, weekends, or holidays.
- I agree to use _____ Pharmacy, located at _____, Telephone number _____, for filling my prescriptions for all my pain medication.
- I authorize the provider and my pharmacy to cooperate fully with any city, state, or federal law enforcements agency.

This Agreement is entered into today _____

Patient Signature _____

Provider Signature _____