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Guidelines for Patients Using Narcotics for Pain

Adequate relief of pain is an important priority for all of our patients. We have established the following guidelines for those patients who rely on chronic medication to relieve pain and improve functioning in their daily lives.

1. We will provide pain medication for post-operative pain only. Prior to your surgery any necessary pain meds should be prescribed by your primary care physician or referring doctor. Again, if we have not operated on you, we will not prescribe pain medication.
2. The **Maximum Daily dose (or MDD)** allowed for your pain medication will be listed on your prescription bottle. Taking additional doses of medication without talking to us first is **not** acceptable.
3. You will be held responsible for all doses of prescribed medication. We recommend that all pain medication be locked up. **Do not destroy** your written prescription or the medication prescribed without checking with our office first.
4. **Medication Refill Policy:** Patients are asked to call the office at least 2 business days before a refill is due. If you need prescriptions mailed, please call at least one week ahead of time. Refills will be available only when the office is open, Monday through Friday 9:00am to 4:30pm. No refills will be given on Saturday, Sunday or holidays. Your prescription will be available at our front desk or mailed to you or to the pharmacy of your choice. Calling in pain medications to the pharmacy will not be done unless it is an emergency.
5. You may be asked to withdraw from some of your current medications with the help of your prescribing physician prior to surgery with us. This is so that we can adequately manage your post operative pain.
6. You may only receive pain medication from this office while you are under our care.
7. If for some reason you continue to have prolonged significant pain symptoms after your surgery, we will refer you to a doctor who specializes in pain management.
8. Patients must follow these guidelines if they are to continue to receive pain medications from this office.

Signed _____ Date _____