



## **PAIN MANAGEMENT CONTRACT**

I understand that treatment by Physicians at Louisiana Cardiovascular & Limb Salvage Center may include an attempt to manage my pain, and that some of the medications needed may carry a risk of causing an addiction. Because of this, special care must be taken in their use.

As a result, I agree to the following:

1. That narcotics/opioids prescribed will be taken exactly as directed, with adjustments made only if and as instructed by the physician.
2. Narcotics/controlled substances will not be refilled via a telephone call. Patients will have to come in and see the physician in order to get the refill. This will allow the physician to re-evaluate the need for continued therapy with the narcotic/controlled medicine.
3. If a prescription for narcotic/controlled substance or medicine is lost or Stolen, before the refill is due, depending on the circumstances no refill will be authorized without a valid police report.
4. A refill will be authorized at the end of the month the prescription runs out and there will be no authorization for early refills for any reason.
5. There are no early refills for replacement of lost prescriptions, as federal law prohibits the writing of a certain number of pills at a time, and doctors and pharmacists are held accountable.
6. Attempts at altering prescriptions, selling medications, or obtaining narcotics from sources other than our physicians will end treatment immediately.
7. When there are no alternatives other than to manage my pain with long- term use of narcotics, I agree that regular attempts to reduce dosage and/or develop alternative approaches to functional comfort will be part of the plan, and I will cooperate with them.

I have read, understood, and agree to these terms and statements.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

**Louisiana Cardiovascular & Limb Salvage Center**

Effective: 1/9/2009 Revised: 1/1/2017; 3/6/2017,1/10/2020