



Family Foot & Ankle Specialists

Patient Medication Agreement

For appropriate management of your medication there must be a working relationship between you and your administrative physician. We require that you read this document and ask and questions concerning your medication before we initiate or prescribe any new medications.

I agree to adhere to the following policies regarding my medications:

1. A single physician prescribes pain medication, and a single pharmacy provides medication. If multiple prescribers are being used, you must tell your physician up front so we may prescribe accordingly.
2. Lost, missing or stolen medication **WILL NOT** be made up. If narcotic medications are stolen a police report is required.
3. Prescriptions will not be issued early as medications are to be taken as prescribed. If you feel medication changes are needed these changes must be discussed and approved by your physician.
4. Refill requests for narcotic medication are filled Monday-Thursday 9:00 am – 12:00 pm. You **MUST** give your physician **48 hours to refill your narcotic prescription.** Since our doctors travel to different offices each day of the week, it is important to give them ample time to renew the RX.
5. Do not abruptly stop taking medication without advice from your physician. Your physician may recommend detoxification from narcotic pain medications as narcotics are not generally beneficial in treatment of chronic pain.
6. Your physician may decline refills or recommend termination of your doctor-patient relationship if these stipulations are not met, or if trust is breached.

I acknowledge, accept, and agree to these terms.

Patient Signature

Staff Initials

Patient Printed Name

Date
