5010 Crenshaw Rd., Suite #130, Pasadena, TX 77505, 281-991-2200
250 Blossom St., Suite #270, Webster, TX 77598, 281-991-2260
7111 Medical Center Dr., Suite #100, Texas City, TX 77591, 291-991-2270
155 I-H 10 North, Suite #1, Beaumont, TX 77707, 281-991-2280
1200 Binz St., Suite #480, Houston, TX 77004, 281-991-2290
Fax All Locations 281-991-7700

Chris Fuke, M.D. * Jose Reyes, Jr., M.D. * Ted Lin, M.D.
H. Keith Pinchot, M.D. * Obinna Uzodinma, M.D. * Vladimir Redko, M.D.

Controlled Substance for Chronic Pain Agreement

This agreement is between Interventional Pain Specialists, PLLC, its associates **Drs. Jose R. Reyes, Jr, M.D., Chris T. Fuke, M.D., Ted Lin, M.D., Obinna Uzodinma, M.D., H Keith Pinchot, M.D., and Vladimir Redko, M.D.** and the patient: _____

The agreement outlines the controlled substance use for chronic pain. This is a binding agreement for each party unless a written notice is given by either party to cancel or change the agreement or as noted in a medical record. Both parties, hereafter, agree that the patient suffers from long term pain which has not been relieved by other pain alleviating methods and deserves a trial, and possibly chronic use of controlled medications as an adjunctive or sole therapy.

The doctor agrees to provide prescriptions for the patient in a medically appropriate manner according to the standards of care of pain management and to his judgment and training. The doctor has provided all pertinent information regarding other treatment options and details of those treatment options as well as the details of an opioid based therapy including medication profile and potential negative effects including sedation, breathing difficulties, and sexual side effects. The patient will take appropriate action to prevent potential conflicts while on therapy. Patient has had adequate opportunity for discussion and questions and agrees to proceed with the treatment plan.

The patient understands and agrees that narcotic analgesics will be used to lessen pain and improve function. The goal is to eventually wean off of all narcotics as judged by the treating physician. The level of improvement will vary individually and patient may not receive any benefit or have worsening of symptoms from the medication therapy. Patient is expected to participate in all treatments advised by the treating physician including, but not limited to physical therapy, psychological therapy, appropriate continued treatment with other health care providers, non-opioid based medications, procedures, and surgery. If the patient makes minimal or no effort to improve or is not compliant, the medications may be discontinued and patient may be released from the practice.

Patient's confidentiality is waived and responsible legal authorities will be given full access to our records of controlled substances if the patient does not conform to the agreement.

The patient understands that narcotic use may result in negative effects including, but not limited to:

1. **Tolerance** – Body resists the action of the medication or the effect is not achieved with the same dosage. It is possible that medication needs will change and there is a possibility that the medication will be discontinued due to lack of relief even at high medication doses.
2. **Dependence** – Body over time becomes reliant on the medication to a point that if the medication is abruptly decrease or ceased, he/she may develop withdrawal symptoms.
3. **Addiction** – It is unlikely for someone to develop addiction if taking prescribed medications as directed, however, one may develop psychological and/or physical dependence leading to ill behaviors.
4. **Overdose** – Misuse of the medication can cause severe detriment to the patient's health including, but not limited to breathing failure, circulatory failure, other organ failure and death.

Loss of medication – Medication will not be refilled early regardless of the reason for the loss or not taking the medication as directed. The physician may, at his discretion, decide on an individual basis for first time offenders without history of such events. Repeated mal-behavior will not be tolerated. In the case of loss or theft of the medication, a report is to be filed with the insurance company, and/or police department and provide proof of such action. Repetitive loss or taking

the medication not as prescribed is not acceptable and will result in discontinuation of therapy and/or release from the practice.

The Patient Agrees:

1. To stop all opioids, benzodiazepines, and barbiturate sedatives prescribed by other physicians unless otherwise directed by the doctor or associates of Interventional Pain Specialists.
2. To stop all illegal substance use.
3. To random drug screens and/or pill counts.
4. To discuss any alterations from agreed plan/therapy, any adverse effects and change in health conditions.
5. To obtain medications from one pharmacy and will immediately notify the prescribing doctor if the location of pharmacy changes.
6. To not seek or obtain opioids, benzodiazepines, sedatives, and other pain relievers from other sources without first contacting and receiving an approval from the doctor mentioned in this agreement or another physician of Interventional Pain Specialists.
7. To properly store and secure the medication.
8. To not to share or sell medications.
9. To take medications as prescribed and directed.
10. To keep all physician appointments and to follow the prescribing doctor's plan of therapy.
11. To inform the prescribing doctor of any foreseeable changes that may lead to medication changes and/or treatment.
12. To inform other healthcare providers that you are under the care of a pain management physician.
13. To actively and stringently follow all therapy suggested by the prescribing physician.
14. To notify the office during hours of business at least 3 days in advance prior to running out of the medication for a refill. Compliance is the responsibility of the patient.
15. To not hold the doctor or members of Interventional Pain Specialists liable for complications that may occur due to discontinuation of the medications provided that thirty days notice has been given.
16. To use _____ Pharmacy
    Located at: _____ Phone # _____

Medications will not be refilled after hours, on weekends or on holidays. Calls for refills shall be made Monday through Thursday before completely running out of the medication. By signing the document, the patient and doctor agree to the terms stated in his/her own accord.

_____ _____

Signature of Patient or Authorized Individual Date

_____ _____

Printed Name of Patient or Authorized Individual Date

_____ _____

Signature of Witness Date