

ADVANCED PAIN MANAGEMENT & REHAB MEDICAL GROUP, INC.
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INFORMED CONSENT PRESCRIPTION GUIDELINES FOR PATIENT 10/5/07

THE GOAL OF PAIN MANAGEMENT IS TO MANAGE YOUR PAIN AND IMPROVE FUNCTION NOT ELIMINATE PAIN
Please read this document carefully and keep it handy so you may refer to it frequently if needed.

1. You may be put on opioids on trial basis. If pain and function does not improve you may be taken off these medications. In this case you will be weaned off narcotics under medical supervision.
2. **PATIENT REMINDER:** You have signed an agreement with the office which states: "agree that refills of my prescription for medicine will be made only at the time of an office visit or during regular office hours. No refills will be available during evenings or weekends".
3. Patients are required to safeguard their medicine from loss or theft. **Lost or stolen medicines will not be replaced.** Please do not carry your entire bottle full of medicine around, only your day's supply.
4. Even at home keep your narcotics locked up. Many stolen prescriptions occur from the medicine cabinet at home.
5. If you have a flare-up requiring more medication you may use more medication but will have to correspondingly reduce that medication use after the flare-up subsides so that you do not run out early. We will not fill early medication.
6. Any changes in dosage regimen can only be made after permission from the doctor. Patients are responsible for scheduling an appointment before their medications run out.
7. Please note, there is a potential to become addicted to narcotics. You will develop a dependence on narcotics if you take it long enough.
8. Please note stopping opioids suddenly may result in withdrawal (due to physical dependence) symptoms.
Hence getting off narcotics should be under medical supervision.
- 9 Please bring all current medications, especially those prescribed by other physicians to office appointments. The purpose is to check current medications, dosages, and drug interactions.
10. You may be subject to urine or blood toxicology screens as needed to ensure compliance with your treatment program.
11. If you use recreational drugs or medicinal marijuana we need to know about this up front.
12. You are not to obtain similar medications from other physicians. Doing so may result in discharge from the practice.
13. You will agree to submit to psychiatric testing or consultation to assess appropriateness of long term narcotic therapy.
14. Please check prescription bottles for any additional refills. If there are refills remaining, please contact the pharmacy directly, they should automatically refill the prescription on the due date.
15. **PLAN AHEAD.** Request a medication refill at least three days in advance to prevent running out of medication. **Pay attention to Holidays and dates the office will be closed.**
16. When there are no refills remaining please call the office and schedule an appointment with a physician. Patients are required to see a physician before receiving more medications.
17. Patients are expected to actively participate in improving function and provide us with documentation of this improvement.

Patient Name: _____ **Patient Signature:** _____
Date: _____