

NARCOTICS/CONTROLLED SUBSTANCES INFORMED CONSENT

Patient Name: _____

To the extent medically necessary, as determined solely by your physician in his/her professional medical judgement and in accordance with medical ethics and applicable laws, your physician may prescribe controlled substances and/or narcotic drugs for treatment purposes. Use of narcotic drugs and/or controlled substances may become addictive, and the addiction is uncertain and varies with each patient. By signing this Informed Consent for Treatment Form, you accept this risk.

We may Immediately reduce the strength, dosage, and/or frequency of any prescription, or end your prescription, at our discretion if we suspect that you may be misusing or abusing such drugs. If we suspect that you may be selling, sharing, diverting, swapping or transferring by any means, intentionally or unintentionally, your prescription or narcotic drugs or controlled substances themselves, we may immediately discontinue your prescription and notify the pharmacies at which you have obtained such drugs.

I will be subject to random drug screens. If I refuse to take one of the screenings or if something shows in the drug screen that is inappropriate, then I will be immediately dismissed from the practice.

PATIENT'S CONSENT: I have read or had read to me, and fully understand this consent form, and understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or I do not understand any of the terms or words contained in this consent form.

Patient or Legal Representative: _____ Witness: _____
Date: _____ Time: _____ Relationship: _____