

GENESEE ORTHOPAEDICS AND SPORTS MEDICINE, LLP
33 CHANDLER AVENUE
BATAVIA, NY 14020

PAIN MEDICINE POLICY

PLEASE READ THIS CAREFULLY AND SIGN AT THE BOTTOM. A COPY WILL BE PROVIDED TO YOU UPON REQUEST.

I agree to take narcotic medication exactly as instructed. I am NOT ALLOWED TO CHANGE DOSAGE AMOUNTS or to alter the time schedule of taking medication without first talking to my prescribing physician.

1. Narcotics will NOT be phoned in after office hours or on weekends and holidays.
2. You may only use one pharmacy for filling narcotic prescriptions.
3. The following are conditions for immediate termination of your care:
 - a. Obtaining narcotics from any other physician while under our care without our knowledge.
 - b. Altering or forging of a prescription is a felony and will be reported to the proper authorities.
4. Patients may be terminated from care with 30 days notice for noncompliance in taking their medication. We will allow for true emergency care only during the 30 days.
5. We will not refill prescriptions that have been lost or misplaced. Please be responsible in keeping up with your narcotic prescriptions.
6. Stolen medications will be replaced ONE TIME ONLY if you have a valid police report.
7. I am aware that most of the manufactures of drugs used to treat chronic pain recommend AGAINST THE OPERATION OF HEAVY EQUIPMENT, which includes driving a motor vehicle.
8. I am aware that if I choose to drive a vehicle I could be charged with DUI.
9. I will not combine any narcotic medications with the consumption of alcohol.
10. I will not give, trade or sell pain medications,
11. I will allow up to 2 business days for a prescription refill to be processed and longer if insurance preauthorization is necessary. I also understand that requests received after 4 p.m. will be handled the next business day. (Prescriptions are filled 9 a.m. to 4 p.m. Monday through Friday only).
12. I understand that narcotics will be authorized for 60 days following any surgical procedure.
13. If you have not been evaluated by your Orthopedic Physician within the past 60 days, you may be instructed to make a follow-up appointment before any further narcotic medication is given.

I have read and understand the above policy and agree to abide by its terms:

Patient Signature

Date

Print Name of Patient

(If patient is under 18 years of age, Parent/Guardian must sign)