Family Medical Doctors
Bharat Desai M.D. - Nilesh Desai M.D.

8140 Picton Way
Suite #102
Trinity, FL 34655
Phone: (727) 807-6900
Fax: (727) 807-6901

PATIENT CONSENT FORM FOR OPIOID AND/OR CONTROLLED SUBSTANCE USE

I, _____, agree to the following conditions regarding opioid and/or controlled substance use:

1) I understand that if I am taking opioids, I have a chronic pain problem that requires the prescription of an opioid pain medication for pain relief and to improve my functional ability. I am aware that the risks include, but are not limited to, drug dependency, addiction, respiratory depression, liver and/or kidney damage, death, ect. The physician has discussed the risks, benefits and alternatives of medications with me prior to treatment.

2) I will obtain prescriptions for opioid and other controlled medication(s) from only one physician, i.e. Family Medical Doctors as long as my treating physician believes that it is appropriate to use indicated therapy.

3) I will have my prescriptions filled at only one pharmacy and will notify my treating physician of the name of that pharmacy.

4) I give Dr. Bharat Desai and Dr. Nilesh Desai permission to contact other physicians and pharmacies to confirm compliance.

5) I will take the medication(s) only as prescribed and will notify my physician if I do not. If necessary, I agree to random urine and blood tests to assess my compliance.

6) I am not currently using any illegal street drug(s) and will not do so while being treated at this facility. Failure to comply with this rule could be cause for my immediate termination from this practice.

7) I understand that random urine drug tests may be performed to monitor for prescribed pain medication and asses for possible illegal street drug use.

8) Lost, stolen or misplaced opioids or other controlled substances WILL NOT BE REPLACED. Refills will not be given early for any reason. PRESCRIPTIONS WILL ONLY BE GIVEN DURING REGULAR OFFICE HOURS AND WILL NOT BE GIVEN OR REFILLED BY THE PHYSICIAN DURING WEEKENDS OR EVENINGS. No narcotics can be given over the telephone. Physical prescriptions must be picked up by patient when prescribed. If the prescription or the medication(s) are lost or stolen, a police report will be required for replacement.

9) If narcotics and/or other controlled substances are not tolerated by the patient, the bottle with all unused tablets/pills/capsules must be brought back to our office for proper disposal.

10) When refills are due, empty bottles must be brought in to our office to exchange for a refill prescription. This is mandatory and a refill prescription will not be given unless the bottle is presented. Refill prescriptions will only be filled for 1 month at a time. No exceptions.

11) I understand that the eventual goal is to taper off the narcotic medication(s) as tolerated. I agree to meet regularly with my physician to assess my progress

12) If the medication(s) loses its effectiveness in increasing my functional ability, I understand that the physician may taper off or discontinue the narcotic.

13) A psychological evaluation regarding addiction and drug dependency may be necessary at any time the treating physician sees fit.

14) If I deviate from the above guidelines in any way, my treating physician has the right to terminate me from their practice.

My signature at the bottom of this page indicates my understanding and agreement with the above guidelines.

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date