Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As you are aware, the Drug Enforcement Agency requires pharmacists “to exercise sound judgment when making a determination about the legitimacy of a controlled substance prescription.” Through this letter, I attest that I have issued a controlled substance prescription for the following patient on the date noted above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I attest that prior to prescribing controlled substance medications for this patient, the prescription has been issued for a legitimate medical purpose and the following has been documented in the patient’s medical record:

* A physical examination of the patient prior to the issuance of the prescription.
* A review of previous medical records and/or diagnostic tests.
* The reason why controlled substance therapy is medically necessary.
* An individualized plan of care and objectives for treatment.
* Other treatment modalities that the patient has tried or to which the patient has been referred.
* The patient’s diagnosis of chronic non-malignant pain.
* The patient’s signed controlled substance agreement.
* All periodic patient encounters and compliance with treatment plans.
* The patient does not present any indicators for aberrant drug-related behavior.
* The patient does not demonstrate any evidence of diversion.
* An E-FORCSE check with no unexpected results.
* A urine drug test that produced no unexpected results.
* All other elements as required by either 64B8-9.013 or 64B15-14.005.

If you have any questions about the prescription, dosage, or quantity, please call my office at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I appreciate your diligence and effort to assist my patients in obtaining their medically necessary medications.

Sincerely,

[Physician]