

## BATAVIA NEUROLOGICAL SERVICES

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### **CONTROLLED SUBSTANCE AGREEMENT**

The goal of my therapy is to reduce my pain to a level that is tolerable and will allow me to improve my ability to perform daily activities. I understand that daily use of a narcotic increases certain risks, which include but are not limited to:

- \* Addiction
- \* Allergic reactions, overdose, and/or fatal complications
- \* Breathing problems
- \* Drowsiness, dizziness and/or confusion
- \* Impaired judgement and inability to operate machines and or drive motor vehicles
- \* Nausea, vomiting, and/or constipation
- \* Development of tolerance

#### **I agree to the following guidelines:**

1. I will take this medication only as prescribed. I am not to change the amount or frequency without authorization from my physician. Unauthorized changes may result in my running out of my medication early, and early refills will not be allowed. Refills will only be provided during regular office hours.
2. I will not be allowed to receive replacement of lost or stolen medication.
3. I am not to obtain similar narcotic medications from other physician's. I am not to use multiple pharmacy's.
4. In an emergency, another provider may prescribe these medications for me. If this occurs, I will notify the office.
5. I will submit to random urine screens and/or pill counts if requested to assess my compliance.
6. I agree to see Dr. Hilburger for ongoing medical management and will keep regularly scheduled appointments as long as I am taking a narcotic medication.
7. I agree to being seen in the office for documentation of taking my medication as prescribed.

**I UNDERSTAND THAT DUE TO THE HIGH POTENTIAL FOR ABUSE OF THESE TYPES OF MEDICATIONS, IF I DO NOT COMPLY WITH THE GUIDELINES MY TREATMENT WILL BE TERMINATED AND I WILL BE**

**DISCHARGED FROM THE PRACTICE.**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_