



Alabama Spine and Pain  
Pavan Telang, MD

541 West College Street, Suite 2000  
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Phone 256-712-2422  
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**CONTROLLED SUBSTANCE AGREEMENT**

Pain management may take the form of different criterion and is dependent upon each patient's individual needs. On occasion after a thorough review of the patient's medical history, failure of conservative, medical and surgical management, it may be determined that the patient requires controlled substances (narcotic medication) for effective pain management.

Controlled Substances may be prescribed for treatment; however, these medications introduce the possibility of abuse or misuse. As a result of this information, the policies provided below are in accordance with the physician's determination to initiate and maintain prescription of controlled substances for effective pain regulation. The **patient is to initial each line** to signify this understanding.

- \_\_\_\_\_ 1) You will maintain scheduled visits to ALABAMA SPINE AND PAIN as directed by your prescribing Physician.
- \_\_\_\_\_ 2) You will follow prescription orders and take your medication at the rate directed by your prescribing Physician.
- \_\_\_\_\_ 3) You will keep safe these medications in a secure location. ***YOUR MEDICATION WILL NOT BE REPLACED FOR ANY REASON IF MISSING OR DISPOSED OF.***
- \_\_\_\_\_ 4) Any modification to your medication regime must be made in person through an appointment with your prescribing Physician.
- \_\_\_\_\_ 5) Your prescribing Physician has the liberty to contact your dispensing pharmacy or additional Health Care Professionals providing you care and disclose/obtain information concerning your treatment.

Pharmacy Name:

City and Zip:

Phone Number:

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- \_\_\_\_\_ 6) Under no circumstances will you distribute or sell your medication to another individual.
  - \_\_\_\_\_ 7) It may be required that your prescribing Physician have original prescription containers accompany you at your scheduled office visits to ensure compliance with your medication regime.
  - \_\_\_\_\_ 8) Your prescribing Physician will not authorize a premature refill of medication under any circumstance.

- \_\_\_\_\_ 9) Continuation of medication may require combination treatment with other criterion, such as lifestyle changes, physical therapy, aquatics, etc.
  
- \_\_\_\_\_ 10) Your prescribing Physician may request an unanticipated urine toxicology test at any point during your treatment to ensure compliance with your medication regime. **YOUR PHYSICIAN WILL MAKE ARRANGEMENTS FOR TERMINATION OF TREATMENT AND INITIATE A MEDICATION CESSATION SCHEDULE IN THE EVENT THAT YOU REFUSE TESTING OF THIS NATURE.** A recommendation for a review for an addictive complication may be requested if any substances are detected that have not been authorized by your Health Care providers.
  
- \_\_\_\_\_ 11) While actively participating in a treatment regime with controlled substances; you will not consume or use illegal substances of any kind (examples of such substances are marijuana, ecstasy, crystal meth, cocaine, ketamine, or heroin). **YOUR PRESCRIBING PHYSICIAN WILL MAKE ARRANGEMENTS FOR TERMINATION OF TREATMENT AND INTITIAE A MEDICATION CESSATION SCHEDULE IN THE EVENT THAT YOU ARE ABUSING ILLEGAL SUBSTANCES.**
  
- \_\_\_\_\_ 12) You will notify Alabama Spine and Pain immediately if you are prescribed pain medication of any kind from another Health Care Provider. Additionally, you will not pursue additional medication from another Health Care Provider without disclosing that you are currently under an active pain management regime.

I \_\_\_\_\_, the patient, have reviewed the policies of this agreement in addition to **page three – CONTROLLED SUBSTANCE RISKS, COMPLICATIONS, & INFORMATION.**

  

\_\_\_\_\_

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



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**CONTROLLED SUBSTANCE RISKS, POSSIBLE COMPLICATIONS, &  
INFORMATION**

Upon initiating pain management through a controlled substances treatment regime, please be aware that there are risks, possible complications, and information that you will need to review.

In the prescribing of any controlled substance, there is the possibility of a physical dependence. In the event that the patient develops a tolerance to the medication prescribed, the medication may begin to become less effective in combatting the patient's pain levels.

◆ **YOU ARE NOT RECOMMENDED TO COMPLETE THE FOLLOWING TASKS WHILE ACTIVELY TAKING OPIOIDS:**

- Consuming Alcohol
- Operating Heavy Machinery
- Operating a Motor Vehicle
- Participating in a situation that requires full awareness

◆ **POSSIBLE COMPLICATIONS**

- Tolerance / Physical Dependence
- Anaphylactic / Allergic Reaction
- Disorientation
- Respiratory Depression
- Bowel Obstruction / Constipation / Problematic Urination
- Withdrawal Phenomena
  - Signified by elevated pulse and blood pressure, heart palpitations, and diaphoresis
- Birth defects or fetal physical dependency
- Lowered Testosterone

◆ **ADDITIONAL INFORMATION**

- Precautions
  - Caution in the young and the elderly patients
  - Caution in patients with other pre-existing medication conditions
  - Patients that are pregnant or may become pregnant
  - Patients prescribed to anticoagulants
  - Patients prescribed to medications that cause Central Nervous System depression or prescribed to some form of a sedative
  - Patients on multiple medications