

SHERBAN SPINE INSTITUTE
8190 S. Jog Rd. Ste. 100 Boynton Beach, FL 33472
PHONE: (844) 733-3774

Narcotic Medication Agreement

I, _____ understand that:

- I will call the office five (5) business days ahead of my refill date. P# **(844) 733-3774**
- The overuse of narcotic medication can result in serious health risks.
- You should not drive or operate machinery while taking narcotic medications.
- All prescriptions must be filled at one (1) pharmacy only and prescribed by one (1) doctor only, this includes emergency department prescriptions.
- You agree to a random urine drug testing.
- **This medication will be strictly monitored and ALL of the medications will be filled at the SAME pharmacy.**

The pharmacy I have chosen is: _____

Phone #: _____ Address: _____

- **Early refill requests will not be honored & I will take my medication ONLY as prescribed.**
- I am responsible for MAKING & KEEPING scheduled appointments. I understand that I will need to be seen approximately EVERY month while I am being prescribed narcotic medications.
- I understand that if I am not able to keep my appointments my medications will not be refilled.
- I WILL NOT obtain narcotic medication from any provider while obtaining medications from Sherban Orthopaedics and Spine Surgery and/or associates. If it is found that other providers are prescribing for me, Dr. Sherban and/or his associates reserve the right to discontinue prescribing medications and/or discharge me.**
- Your prescription or medications WILL NOT be replaced if they are lost, destroyed, stolen, get wet, misplaced etc. under any circumstances.
- Notify us immediately if you become pregnant.

I have read the Narcotic Medication Agreement and by signing I affirm that I have read, understand, and accept all of the terms of this agreement.

**PAIN MANAGEMENT PROVIDER: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____