



SAN MATEO ORTHOPEDIC MEDICAL GROUP, INC.

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NARCOTIC MANAGEMENT CONTRACT

Name: _____ DOB: _____ Date: _____

- I accept care by Dr. Felix Chen and associates Samantha Oliveira PA-C and Nicole Corwin NP for treatment of my pain including the use of narcotic medication.
- I understand that using narcotics can be habit forming and acknowledge that I may become addicted/tolerant and dependent to the prescribed medication.
- No operation of heavy equipment or driving while taking these medications until side effects are known.
- I will control my usage of narcotic medication as directed by the attending physician. There are **NO EXCEPTIONS**. If medication is inadequate for your pain level, you **MUST** call before adjusting dosage. Self-escalation of use is reason for **immediate termination** of narcotic therapy.
- I agree to follow instructions ordered by the attending physician, which may include participation in pain management instructions/class, psychological counseling, exercise, physical therapy etc.
- I agree not to seek any narcotics/pain medication from any other physician other than the physician named above. I will inform my other physicians of this narcotic agreement and request they coordinate any and all narcotics/pain medication with Dr. Felix Chen, Samantha Oliveira PA-C or Nicole Corwin NP.
- I will use only one pharmacy to fill my narcotic medication prescriptions.
- I will receive written prescriptions for the amount and type of narcotic/pain medication established in my plan of care. I understand that I am responsible for my medication.
- Prescriptions are to be treated the same as medications. Lost prescriptions will be treated as if the actual pills themselves were lost.

Medications or prescriptions lost, stolen, damaged, or misplaced for any reason will NOT be replaced.

- I will manage my medication to prevent shortage prior to the scheduled refill date and schedule appointments with Dr. Felix Chen, Samantha Oliveira PA-C or Nicole Corwin NP for re-evaluation prior to being out of medication. No opioid refills will be given over the phone on weekends, including Friday afternoons. Please call in advanced if you are having medication issues.

Repeated phone calls to obtain additional medications will not be tolerated, and may result in my discharge from this clinic.

- I give permission to Dr. Felix Chen, Samantha Oliveira PA-C or Nicole Corwin NP to obtain toxicology drug screening at random, as deemed necessary.
- I give permission to Dr. Felix Chen, Samantha Oliveira PA-C or Nicole Corwin NP to request any and all records from the pharmacist or insurance carrier, as they deem necessary.
- I agree to use a single pharmacy for my narcotic/pain medications, listed below.

Patient Signature _____ Print Name _____
Pharmacy _____ Phone _____ Date _____