

## **PAIN MEDICATION USE AGREEMENT**

The purpose of this Agreement is to prevent misunderstanding about certain medicines you may be given for pain management. This is to help both you and your doctor to comply with the law regarding controlled pharmaceuticals and orthopaedic clinical practice guidelines. Opioids (narcotic pain medication) are one of the many ways that providers may treat pain to improve function, comfort, and quality of life in their patients. While treatment with opioids are often utilized by our providers, it may also hurt our patients. The CDC reports that more than 47,000 people in the US died of drug overdose in 2014, of which 60.9% involved an opioid. Nearly half of patients on narcotic pain medication at 3 months are still dependent on opioids at 5 years and are likely to become lifelong users. The CDC also reports that approximately 44 people die per day in the US from opioid prescription overdoses. Because of the growing epidemic, the CDC, FDA, and US Surgeon General have increased the regulatory requirements for safe prescribing in our patients. Our goal is to maximize our patients' function, pain control, and quality of life during their recovery. Our patients will be managed based on the Clinical Practice Guidelines for Pain Management in Acute Musculoskeletal Injury published by the Orthopaedic Trauma Association Musculoskeletal Pain Task Force.

In the event that my physician prescribes a narcotic pain medication, I hereby acknowledge and understand that my physician has specifically advised me that I should not operate a motor vehicle or engage in any like or similar activity while I am taking this pain medication. I understand the instruction and the fact that it may be dangerous to my health and others to take this necessary medication and drive a car or engage in any like or similar activity.

I understand that if I break this agreement, my doctor will stop prescribing these pain-controlled medications and my doctor will taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. In addition, drug dependence treatment program may be recommended. If I operate a motor vehicle or engage in any like or similar activity while on this medication, I understand that I will be solely assuming the risk of any accident or any adverse consequence(s) that may arise by failing to follow my physician's instructions. I assume sole responsibility for any accident and injuries to myself or others if I take this pain medication and violate the above instructions.

I will not hold my physician responsible if I violate the above instructions.

In addition, I will communicate fully with my doctor about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medicine is helping to relieve the pain.

I will not use any illegal controlled substances, including marijuana, cocaine, etc. I will not share, sell, or trade my medications with anyone. I will not attempt to obtain any controlled medicines, including opioid pain medications, controlled stimulants, or anti-anxiety medicines from any other doctors. I will safeguard my pain medicines from loss or theft. Lost or stolen medicines will not be replaced.

Patients are encouraged to plan ahead with respect to obtaining prescription refills. Please avoid waiting until your medication has almost run out before contacting our office for a refill. Please allow at minimum 48 hours for all refill requests. All requests for prescriptions/refills must be completed during regular office hours. We will not provide refills after hours, on weekends, or holidays. For our patient's safety, the chart must be available to our providers for review before any medication may be prescribed or refilled. For patient safety, all patients must get their pain medication from a single medical doctor only. It is the patient's responsibility to report pain contracts with pain management physicians to our office at the initial visit. I agree that refills of my prescriptions for narcotic pain medicine will be made only at the time of office visits or during regular office hours. No refills will be available during evenings or weekends.

I authorize the doctor and my pharmacy to cooperate fully with any city, state, or federal law enforcement agency including the state's Board of Pharmacy, in the investigation of any possible misuse, sale or other diversion of my pain medicine. I authorize my doctor to provide a copy of this Agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations. I agree that I will submit to a blood or urine test if requested by my doctor to determine my compliance with my program of opioid pain control medicine.

Pain medications and/or all medications prescribed by Dr. Bemenderfer & associates must be taken as prescribed. Patients should NOT increase the medication dosage or frequency without consulting our office. I agree that I will use my medicine at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will result in my being without medication for a period of time. A violation of this agreement may result in no additional narcotic medications to be prescribed from my physician. I understand that opioid prescriptions will be tapered with respect to decreasing strength and interval. I understand that my orthopaedic surgeon will no longer provide narcotic prescriptions beyond 8 weeks from time of surgery and that if I request narcotic medications beyond 8 weeks, I may be referred to pain management specialist for ongoing management. I understand that Clinical Practice Guidelines for Pain Management in Acute Musculoskeletal Injury published by the Orthopaedic Trauma Association Musculoskeletal Pain Task Force recommends discontinuing narcotic prescriptions at 4-6 weeks postoperatively and transitioning to multimodal pain management with non-narcotic pain medications. ***It is our responsibility to protect and ensure your well-being during your recovery. We do not want to put you at risk for complications while under our care. Our goal is to treat our patients in a safe and effective manner to ensure the best outcomes for our patients.*** I agree to follow these guidelines that have been fully explained to me. I have read and understand the above stated prescription and pain medication policy for South Bend Orthopaedics, Dr. Thomas Bemenderfer, and understand that health information technologies are used to obtain my medical/medication history.

*Developed in conjunction with the physicians at South Bend Orthopaedics*



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