

WOMEN'S HEALTH GROUP, P.A.

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Morganton, N.C. 28655  
(828) 580-4661

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Marion, NC 28752  
(828) 652-3019

**CONTRACT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS**

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful but have a high potential for misuse and are closely controlled by the local, state, and federal governments. They are intended to relieve pain, improve function and ability to work, not simply to feel good.

Because my physician is prescribing or may in the future prescribe such medications for me to help manage my condition, I agree to the following conditions:

- I will designate one pharmacy for all controlled substance prescriptions:  
\_\_\_\_\_
- I am responsible for my controlled substance medications. If the prescription or medication is misplaced or stolen or if I use it up sooner than prescribed, I understand that it will not be replaced.
- I will not request or accept controlled substance medicine from any other physician or individual while I am receiving such medicine from Women's Health Group.
- Refills of controlled substance medication will be made only during regular office hours. Refills will not be made at night, on holidays or weekends or if I cancel my appointment.
- When requested, I will bring in the containers of all controlled medications prescribed by Women's Health Group even if there is no medication remaining. These will be in the original containers from the pharmacy for each medication, with the most current date.
- I understand that if I violate any of the above conditions, my controlled substances prescription and/or treatment with Women's Health Group may be terminated. If the violation obtaining controlled substances from another physician, as described above, I may also be reported to my physician, medical facilities, and other authorities.
- I agree to random periodic drug screening if the prescribing provider deems necessary.

I have been fully informed by Women's Health Group and the staff regarding psychological dependence (addiction) of a controlled substance, which I understand is rare. I know that some persons may develop a tolerance, which is the need to increase the dose of the medication to achieve the aim effect of pain control, and I do know that I will become physically dependent on the medication. This will occur if I am on the medication for several weeks. When I stop the medication, I must do so slowly and under medical supervision or I may have withdrawal symptoms.

**I have read this contract and it has been explained to me by a Women's Health Group staff person. I fully understand the consequences of violating this contract.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date