



## AXIS Neurosurgery and Spine Narcotic (Opioid) Medication Policy Agreement

Axis Neurosurgery and Spine has a primary goal of providing excellence in care to our patients.

The best practice of Neurosurgery recognizes that patients undergoing operative procedures will require narcotic pain medications in the post-operative period. In most cases, prescribed pain medications are decreased after the first 4-8 weeks post-op, and discontinued during the 12<sup>th</sup>-16<sup>th</sup> week.

It is also best practice for any physician to only provide medications at the dosage and frequency appropriate for the patient based on an examination, a review of other medications being used (including those over-the-counter), and consideration of the other factors such as patient compliance with the treatment.

When Axis prescribes medications with a high degree of risk to the patient, such as narcotics, it is also best practice to balance the control of pain against the risk of addiction and misuse.

To insure that we, as the provider, and you as the patient, understand how our practice will ensure high quality and safety in the prescribing of narcotics, both parties will need to adhere to a "contract" for narcotic pain medications. This contract is on the next page and will be signed by both the provider and the patient.



## Narcotic Use Contract

**PROVIDER:** Ryan DenHaese MD/ Joseph Beang PA-C/ Michael Tworkowski PA-C

I will, be prescribing narcotic pain medications to my patient \_\_\_\_\_ to treat post-op pain (or other pain condition). As the prescribing provider.

1. I will carefully assess the patient and provide only those medications and dosages that I feel are warranted by the specific treatment and condition of this patient.
2. I will only prescribe narcotic pain medications for patients who agree to only receive narcotic medications from this practice, and I will follow NY State law in confirming this fact through the I-STOP program BEFORE providing any narcotic prescription.
3. I will adjust dosages and frequency of narcotic medications as appropriate, based on my examination of the patient's condition throughout the post-op recovery period.
4. I, or my colleagues, will be readily available to answering this patient's questions regarding treatment of pain.

**Providers Signature:** \_\_\_\_\_.

**Patient:**

I understand that I am receiving narcotic medication from Axis Neurosurgery & Spine to treat my post-operative pain (or other pain condition)

1. I will not seek narcotic pain medications from any other provider (including emergency department or urgent care providers). Only the providers of Axis will prescribe narcotic medications while I am under the care of this practice.
2. I will not take prescribed narcotics in large amounts or more frequently than prescribed.
3. I will not buy and use additional narcotics or borrow/use narcotics prescribed to another individual during my treatment by Axis.
4. I will not use any illegal or street drugs (ex. Marijuana, Cocaine) while under the care of Axis.
5. I will no purchase and use OTC medications which contain narcotics which may be available in another country or through mail order (\*these are illegal in NY State).
6. I understand that Axis is likely to require urine toxicology assessment for any patient who remains under treatment with narcotics beyond the 6<sup>th</sup> week post-op and that refusal to provide urine, or an attempt to mask urine will cause immediate session of narcotic treatment.

I understand that if my prescription runs out early (which indicates improper usage) or there is a claim or loss (pills fell down sink), there will be no additional medication prescribed until the next prescription is due. \*\*Theft with accompanying police report will be evaluated on a case-by-case basis.

I agree to have my narcotic prescriptions filled only at one pharmacy, and that I or anyone picking up prescription from this office for narcotics will have to provide photo ID (which will be copied and kept on file).

I understand that if I fail to comply with any of the above noted requirements for narcotic pain medication prescribing by Axis providers, both my narcotic treatment and my overall treatment at Axis may be placed at risk ( as allowed by law).

**Pharmacy Name:** \_\_\_\_\_ **Ph. #** \_\_\_\_\_.

**Patient Signature:** \_\_\_\_\_.