

Prescription Refill Policy

Patient Name: _____

MR#: _____

At Midwest Orthopaedic Consultants we specialize in the diagnosis and treatment of Orthopaedic conditions. During your treatment, a broad range of medications may be prescribed to help relieve your pain. The providers of this office may prescribe controlled substances for acute injury conditions such as fracture, or during the postoperative period, etc. If used properly, these medications or controlled substances are extremely effective; however, if used in excess, they have the potential for serious adverse side effects such as altered consciousness, impaired judgments, constipation, lethargy, organ damage, and even death.

It is the policy of our practice, in accordance with federal law, to minimize the use of these controlled substances due to their addictive nature. Our providers may prescribe controlled substances for **up to a 90-day period** that begins with your first narcotic prescription or the first day after surgery. After the 90-day period, if your condition still requires these controlled medications, you will be referred to either your primary care physician or a pain management specialist. It is in your best interest that your future requirements of these medications be prescribed and monitored by a specialist in pain control.

Narcotic/non-narcotic medications this policy covers include: Hydromorphone, Hydrocodone, Lortab, Lorcet, Morphine, MS Contin, Oxycodone, Percocet, Vicodin, Tramadol, Tylenol 3 & 4, Ultram, Ultracet, and other potentially addictive medications such as diazepam, Valium, Xanax and Soma, etc.

As a patient of MOC, I acknowledge and accept the following standards of MOC:

- 1. As a patient, I am responsible for my controlled substance medication. A prescription will only be used by me and taken as prescribed. It will not be replaced if it is lost, stolen, misplaced or depleted sooner than prescribed.*
- 2. I will not operate a motor vehicle, use heavy equipment, or consume alcohol when medicated.*
- 3. I will keep all scheduled appointments related to my condition.*
- 4. I understand that it may take up to 48 hours for any narcotic/non-narcotic refill. **I will not call for medications after 3 p.m. weekdays, or during weekends and holidays.** I understand that the physician or physician assistant will need to review my file prior to renewing my prescription and those records are not available after hours, on weekends and holidays. **I will call for refills at least 2 days before running out of my medication.***
- 5. I understand that certain medication refills may not be refilled over the phone and that written prescriptions in those cases are required.*
- 6. I understand that a doctor's prescription may never be altered or changed or I will immediately be dismissed from the practice and reported to law enforcement. I will not seek or receive any pain medications from other physicians while under MOC care. (Unless in a hospital).*
- 7. I understand and agree that if I violate any part of this agreement that I may be discharged from the practice immediately. I have been informed of the inherent risks of using these types of medications that can include dependency (withdrawal if eliminated abruptly), addiction (psychological dependence), and physiological dependence (the use and need of more or stronger dosed medication due to tolerance to regain adequate pain relief).*

Signature of Patient/Guardian _____

Date: _____ policy 6132017