

NARCOTICS POLICY

IN ORDER TO COMPLY WITH CURRENT STANDARDS OF CARE, RICHARD G. BUCH M.D. HAS A VERY STRICT PROTOCOL ON NARCOTICS. WE FEEL IT IS A SHARED RESPONSIBILITY BETWEEN DOCTOR AND PATIENT TO USE THESE MEDICATIONS BOTH PRUDENTLY AND WISELY. YOU SHOULD KNOW THAT THERE ARE POWERFUL AND AFFORDABLE PAIN-RELIEVING MEDICATIONS AVAILABLE FOR SEVERE LEVELS OF PAIN; HOWEVER, THEY COULD ALSO BE POTENTIALLY ADDICTIVE IF USED IRRESPONSIBLY, EXCESSIVELY OR FOR PROLONGED PERIODS. WE RESERVE THE RIGHT TO REFER YOU TO A PAIN MANAGEMENT SPECIALIST TO PRESCRIBE YOUR PAIN MEDICATIONS WHEN NECESSARY; IF SO, WE WILL CONTINUE TO CARE FOR YOUR ORTHOPEDIC CONDITION. YOU, AS THE PATIENT, WILL BE RESPONSIBLE FOR LOCATING A PAIN MANAGEMENT SPECIALIST WITHIN YOUR INSURANCE NETWORK, IF NEEDED. OUR GUIDELINES ARE AS FOLLOWS:

1. Given the nature of your injury or condition, you should only require these types of pain medications for a certain amount of time, if at all. Every effort on our part will be used to switch you over to non-narcotic pain medications as soon as your pain level permits. Our office, your pharmacy and your insurance company will closely monitor your prescription refills for excessive, abusive or long-term use. If necessary, you will be referred to a pain management specialist; failure to seek care with the pain management specialist when referred could result in possible termination of your care.
2. You must use only one pharmacy for these prescriptions. If you feel that you have good reason and must change pharmacies, you must notify your doctor in advance. All pharmacies involved will be notified of the change. If, at any time, it is discovered that you are using more than one pharmacy for the same medication, you will be referred to a pain management specialist. In some situations, possible termination of care may result.
3. It is your responsibility to call your pharmacy for refill request in a timely manner. Your doctor is not in the office everyday. Therefore, if you require a refill on your prescriptions by a certain day, please make sure your pharmacy faxes a request to us before noon. All prescription refills received before noon will be addressed that day. Any received after noon will addressed the following business day. Refill requests will not be addressed on weekends. We regret we cannot make exceptions to this. Multiple phone calls and requests will not expedite your refill; more often than not, it will result in a

delay due to excessive filtering of your messages. If you require a refill on your medication, contact your pharmacy, who will in turn contact our office. Do not call our office for refills; we must receive the request directly from the pharmacy, as they have information which we need in order to approve a refill request.

4. We ask patients to inform us of their present medications. Please tell us of any new medications that you have received from other physicians at each appointment. It is your responsibility to make sure that any new prescriptions that you receive from other physicians are not similar or the same medications, perhaps by different or generic names, for other painful conditions. We must be kept aware of all medication changes by other physicians, as this can be a potentially dangerous situation. If at any time it is discovered that you are using several different doctors to obtain narcotics, you will immediately be referred to a pain management specialist and immediate termination of care may result.

5. We do not keep pain medications in our office.

6. EARLY REILLS WILL NOT BE HONORED FOR ANY REASON
DO NOT LOSE YOUR PRESCRIPTION(S)
DO NOT LET OTHERS USE YOUR MEDICATIONS FOR ANY REASON
DO NOT PLACE YOUR MEDICATIONS IN AN UNLABELED CONTAINER

These are highly controlled medications. It is your responsibility to take them only as prescribed and according to directions. It is your responsibility to store them legally, safely and out of reach of others. Your irresponsibility or failure to do so will result in an immediate change to non-narcotic medications, possible referral to a pain management specialist, and possible termination of care.

I HAVE READ AND UNDERSTAND THE ABOVE NARCOTICS POLICY.

PATIENT'S SIGNATURE: _____

DATE: _____