



Patient Agreement for Long Term Controlled Substance Prescriptions

Conditions of Agreement

I agree to the following:

- I am responsible for my medicines. I will not share, sell, or trade my medicine. I will not take anyone else's medicine.
- I will not increase my medicine until I speak with my doctor or nurse.
- My medicine may not be replaced if it is lost, stolen, or used up sooner than prescribed.
- I will keep all appointments set up by my doctor. I must see my provider for refills no less than every three (3) months.
- I will bring the pill bottles with any remaining pills of this medication to each visit.
- I agree to give a blood or urine sample, if asked, to test for drug use.

Refills: Refills will be made only during regular office hours, Monday through Friday from 8:00am to 5:00pm. No refills on nights, holidays, or weekends. I must call at least three (3) working days ahead (M-F) to ask for a refill of my medicine. **NO EXCEPTIONS WILL BE MADE.**

Pharmacy: I will only use one pharmacy to get my medicine. My doctor may talk with the pharmacist about my medicines.

Prescriptions from Other Doctors: If I see another doctor who gives me a controlled substance medicine (for example, a dentist, surgeon, or hospital) I must notify this office within 72 hours (3 days). Information to be provided will be the physician's name and telephone number and medical reason for controlled substance.

Termination of Agreement: If I violate any of these rules, then Jupiter Medical Group provide two (2) weeks written notice to discharge me from the practice.

I have read and completely understand the above agreement.

(Patient's Signature)

(Date)

(Physician Signature)