

THE MAGNOLIA MEDICAL GROUP

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RESPONSIBILITY AGREEMENT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS

Controlled Substance medications (i.e., narcotics, tranquilizers, and barbiturates) are very useful in relieving pain, thus improving function and/or ability to work. They have a high potential for misuse and are, therefore, closely controlled by local, state, and federal governments. Because my physician is prescribing controlled substance medications to help manage my pain, I agree to the following conditions:

1. I understand that the risks associated with controlled medications include dependence, addiction, tolerance and constipation, sleep changes, potential for increased pain, risk to unborn children, withdrawal, and changes in appetite, coordination, sexual desire and sexual preference.
2. I will not share, sell or trade my medication with anyone. I will not alter my prescriptions under any circumstance.
3. **I WILL NOT OBTAIN PAIN MEDICATION FROM ANY OTHER PHYSICIANS. DOING THIS WILL CONSTITUTE A BREACH OF THIS CONTRACT AND WILL IMMEDIATELY END ANY AND ALL RESPONSIBILITY ON BEHALF OF MY PHYSICIAN FOR FURTHER CARE.**
4. I understand that if I break any portion of this agreement, my doctor will stop prescribing these pain-control medicines and may elect to discharge me from the office.

I agree to follow these guidelines which have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered. A copy of this document will be provided to me upon request.

Patient signature: _____ Date: _____