



# Victory Physicians Family Medicine

## Narcotic Therapy Rules and Regulations

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- 1) Patients will use their same name whenever filling narcotic prescriptions.
  - 2) Patients will attempt to use the same pharmacy for filling narcotic prescriptions whenever possible.
  - 3) Patients will get narcotic prescriptions only from Victory Physicians with the extraordinary exception of breakthrough pain during “after hours” resulting in an ER visit.
  - 4) The maximum amount of medication that will be dispensed is one month, but may be less depending on circumstances and is at the discretion of the doctor.
  - 5) Immediate Care Patients are required to see their Primary Care Doctor following an Immediate Care visit at Victory Physicians before another refill of narcotics can be granted, and this is at the discretion of our physician.
  - 6) Immediate Care Patients must provide proof of ongoing Narcotic Therapy by providing a bottle, old RX and/or signing a release of authorization so that their RX can be verified with their doctor.
  - 7) All patients being treated with narcotics must sign and initial the Narcotic Therapy Rules and Regulations as well as the Narcotic Information Sheet indicating their understanding of and agreement with guidelines.
  - 8) All Primary Care Patients receiving ongoing Narcotic Therapy will undergo a pain contract, maintain a pain log, and complete an initial and interval history.
  - 9) Failure to meet the requirements of the pain contract will result in termination of the contract and referral to pain management. Exceptions may rarely be granted and are at the discretion of our physician.
  - 10) Patients must understand and accept the risk of addiction with any prescriptions for narcotics.
  - 11) Patients must disclose to the physician prior to receiving prescription for narcotics, any history of mental illness, dementia, memory loss, Alzheimer’s, alcoholism, drug abuse or addiction, vision problems, illiteracy, or difficulty following instructions.
  - 12) Patients are never permitted to increase the dose or dosing frequency of narcotics without seeing the physician in person and receiving permission.
  - 13) Patients must notify the physician immediately for any side effects or adverse drug reactions to narcotic therapy and stop the drug(s) immediately. If the physician is not available, you are directed to the ER for evaluation.
  - 14) A patient can request termination of narcotic therapy at any time. If the patient goes through withdrawal, medicines may be prescribed to assist in detoxification or specialty consultation requested.
  - 15) Patients can request dosage increases or decreases in person only and is at the discretion of the physician.
  - 16) Patients must maintain constant vigilance for the possibility of presentation of a progressive medical condition being potentially obscured by Narcotic Therapy and should seek help immediately if in doubt.

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17) Patients must never drive, operate machinery or partake in any activity that requires judgment and/or coordination while being treated with narcotics.

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18) Patients that are pregnant or may be pregnant must understand that narcotics adversely affect the fetus and from the family medicine perspective, are contraindicated. Specialty consultation with OB/GYN will be obtained.

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19) If you are post partum and breast feeding, understand that many narcotics are not safe in breast milk and you must notify the doctor if you are lactating.

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20) The patient is entirely responsible for the security of their medicines. They must be kept under lock and key and out of reach of children, spouses, pets, thieves or other risky contacts. The doctor **WILL NOT FILL** lost medicine prescriptions until the next interval visit. Exceptions are very rare and at the discretion of our physician.

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21) No early refills are permitted. If you accept 30 days worth of medicine, you agree to that dose for the next 30 days. No escalation of dose will be permitted until the next interval visit. Should you wish to decrease the dose, please notify the physician.

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22) All pain patients must undergo quarterly periodic review of narcotic therapy as a condition of continuing therapy; January, April, July and October.

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23) All pain patients must fill out their assessments with precision and care. Sloppy forms and answers will result in a patient being sent home with a \$50.00 no-show fee and no meds and will be required to schedule another day NOT the same day. We will not permit patients to fill out forms in our office. We will not permit patients without forms to be seen. Those patients will also be sent home without meds and assessed a no-show fee. Any patient that demonstrates a persistent pattern of lack of caring about our concern for their welfare in the form of sloppy forms or answers, arriving without forms or trying to fill them out while in our office will be sent to pain management without discussion or grace period.

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24) Never drink alcohol on the same day as taking narcotics. Never use other illicit substances with narcotic medications. **Stagger doses** of other prescription medications like muscle relaxants, benzodiazepines, or sedative hypnotics to avoid the dangerous additive effects such as respiratory depression.

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25) I understand that should my conduct with these medicines result in harm to myself or others, and Victory Physicians and staff are held liable in any way, Victory Physicians and its staff fully intend to hold me and/or my estate liable for all damages and attorney fees of an equal or greater amount. Furthermore, any contacts who aided and abetted or withheld or failed to get to us information that might have allowed us to interdict harm will also be held liable to the fullest extent possible.

My signature below indicates I have read, understand, agree with, and agree to comply with Frank Arian, M.D., A California Professional Corporation dba Victory Physicians' Narcotic Therapy rules and regulations and that I was advised of the risks and benefits of, and alternatives to Narcotic Therapy and that I wish to proceed. I have received a copy of this for my future reference.

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Patient's Name

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Signature

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Date