Pain Management and Controlled Prescription Protocol

We as a practice understand that many of our patients will find it necessary to be on chronic pain medications as well as other controlled prescriptions. We have a deep desire to help our patients with these needs, however as family medicine providers, we have limitations. Please be patient with us in this matter as we try to help you. Should your needs exceed our specialty we will make every effort to refer you to a provider that can better serve you to meet this need.

- We cannot and will not prescribe some medications such as but not limited to Methadone, Dilaudid or Demerol.
- We will limit quantities to that which is appropriate for family medicine when prescribing medications such as Vicodin, Lortab, Hydrocodone, Oxycodone, Percocet, Tylox, Codeine, Valium, Xanax, Ritalin, Adderall and Vyvanse.
- We will only prescribe Duragesic, Morphine, and Oxycontin if it is deemed necessary by the prescribing physician, the physician will limit the amount to customary amounts for family medicine use.
- We will not be able to refill medications early for any reason. You will need to call 2 days early (28 days from prior prescription) in order to allow time for your prescription to be written, however it will not be available for filling until day 30. Monitoring all of your medications is of extreme importance and is only possible when using one pharmacy. You must advise your provider or nurse of your chosen pharmacy. Should you see another provider in which prescribes any medication, it is necessary to notify us immediately.
- We cannot replace lost or stolen medications nor will we change the prescription in order to replace it.
- Depending on the medication you are taking, periodic routine office visits are required. We will also ask you to undergo periodic drug testing. Drug screens may be performed at random to ensure the medication is being used appropriately.
- Our foremost concern is your overall health and wellbeing. We will work with you to manage your medications and healthcare needs, however as family medicine providers, we have limitations. Many patients don’t realize that our ability to continue to service the community can be severely limited or stopped entirely if patients misuse or divert their prescriptions. We want to continue to serve you as well as all of our patients and we want you to be safe. Failure to comply will result in immediate discharge. Thank you for your cooperation.

Physician____________________Patient Signature____________________________
Pharmacy (patient’s choice) _____________________________________________
Pharmacy Phone # _____________________ Date _________________________

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