

Dr. Alexander Paul Franko III

Physician Patient Pain Medication Contract

MISSION STATEMENT

The undersigned and I (Dr. Franko) agree as partners to treat each with respect. We will both do our part to help control the patient's pain. We will agree to use ALL modalities to treat pain and the depression associated with it.

CONTRACTUAL RESPONSIBILITIES

1. The doctor (Alex Franko) will treat and counsel patient for control of pain.
2. The patient will agree to certain conditions to receive prescription pain medications:
 - a). Patient will only get pain medications from Dr. Franko.
 - b). Patient will take complete control of their pain medications. Accidents do occur, but, if medications are ; lost, stolen, destroyed in any repeat manner, patient will forfeit the contract and I will not prescribe ANY pain medication to you.
 - c). Patient will have their prescriptions refilled in a timely manner. They must be picked up in person. Patients will keep regularly scheduled appointments with all doctors and consultants. If you fail to meet appointments, NO medications will be prescribed until the patient comes into the office. **Regular PDAT eval must be completed.**
 - d). It is the patient's responsibility to make appointment for refills, I will **not refill any pain medications over the phone**, or after hours (8am to 4pm) refills.
 - e). **I will not allow any refills by the on-call doctor, any attempts to refill medications with any doctor except myself**, will terminate the contract. NO PAIN MEDICATIONS WILL BE GIVEN OUT!

Pain med agreement

f). No ER visits or medistop visits to obtain your regularly prescribed medications.

g). No early refills for excessive use of medications, narcotic pain medications can be FATAL if not taken exactly as prescribed.

h). **Any derogatory statements to the staff will result in termination of the patient/doctor relationship** and 30 days notice will be served for the patient to find a new doctor.

Doctor _____

Patient _____

Date _____