



A P M I

Advanced Pain Medicine Institute

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President and Medical Director

At Advanced Pain Medicine Institute (APMI) we aim to treat you using a multitude of therapies. Our therapeutic goals include improving the quality of your life without exposing you to the long-term health risks associated with the use of chronic high dose narcotics. **At APMI we do not prescribe high dose narcotics under any circumstances.** We strive to relieve your pain using the latest and most innovative interventional procedures.

If you are a NEW or SELF-PAY patient (without insurance), please be aware that APMI is a specialty medical practice, and the purpose of your visit is for a consultation as requested by another one of your physicians. This means that you are not entitled to receive prescriptions for narcotic medications. **Your payment is for a consultation, and NOT a prescription.**

Please read this document very carefully, as it will become a part of your medical record. Carefully initial all open spaces indicated with a “_____” if you agree to the terms set forth.

Terms and Conditions

Narcotic Prescriptions

As a patient of APMI, I will not have prescriptions for any narcotic medications filled by any other physician, including my primary care physician, emergency room physician, or walk-in clinic physician. Please initial to indicate that you agree to the following terms:

_____ I will only have narcotic pain medication prescribed by the physicians at APMI.

_____ I will only use one pharmacy to fill all of my prescriptions.

_____ I give permission to APMI staff to verify that I am not being prescribed narcotic medications by other clinicians, and using multiple pharmacies.

Lost or Stolen Medication/ Prescriptions

_____ I agree to keep my medication in a safe and secure location.

_____ I understand that if my medication/ prescription is lost, stolen, misplaced, or damaged, I will not be entitled to a replacement prior to the next due date.

Misuse and Non-Compliance

Medication regimens and treatment plans are to be managed by your pain management practitioner, only. Failure to comply with the frequency and/ or dosage limits of prescribed medication will lead to the discontinuation of narcotic therapy.

_____ I understand that running out of medication early is a direct violation of this agreement.

_____ I understand that dose adjustments of ANY pain medication prescribed by APMI clinicians will be made at the discretion of the prescriber, and NOT the patient.

_____ I understand that sharing, selling, and/or borrowing medication is a felony and will not be tolerated at APMI.

_____ I understand that narcotic medications are controlled substances that are highly regulated by the Drug Enforcement Agency (DEA).

Urine Drug Screening (UDS)

I agree to submit a urine or saliva sample for drug testing, if one is requested. I understand that this procedure may be random, or mandatory at every visit. Please initial to indicate that you agree to the following terms:

_____ I understand that failure to provide a urine sample will result in the discontinuation of treatment with narcotic medications.

_____ I understand that **ONE** abnormal UDS may result in mandatory testing at every visit, and there are **NO EXCEPTIONS** to this agreement term.

_____ I understand that if my UDS is positive for illicit substances such as marijuana, cocaine, or methamphetamines, I will not be eligible for treatment with narcotics regardless of prior treatment plans.

_____ I understand that two consecutive UDS tests that are positive for illicit substances may render me ineligible for future treatment with narcotic medication.

If a prescribed medication is not present in the requested urine or saliva sample, you will be provided with a limited supply of medication at the practitioner's discretion and asked to return soon after for a repeat study.

_____ I understand that two consecutive UDS tests that are negative for prescribed medication is grounds discontinuation of narcotic therapy.

_____ I understand that, at any time, a clinician may request bottles of prescribed medications be presented for a tablet count to verify compliance with treatment plans.

At APMI treatment plans are determined by a licensed physician, or physician assistant. Prescriptions are dispensed based upon their judgment and evaluation, **regardless of prior treatment plans from other providers**. Signing this document and agreeing to the terms does not guarantee, or entitle you to treatment with narcotic medication.

Refusal to sign this binding contract does not exclude you from receiving nonnarcotic medication, or interventional therapy at APMI.

_____ I am signing this contract voluntarily, and I agree to be compliant with all of the aforementioned terms in this document

Patient Signature : _____ Date : _____

Reza Ghorbani, M.D. Signature : _____ Date : _____

Please complete the information below, entirely and accurately.

Primary Care Physician (name/telephone number): _____

Pharmacy (name/ telephone number): _____