



CONTROLLED SUBSTANCE POLICY

The staff of Advanced Orthopedics and Sports Medicine d/b/a Sano Orthopedics ("Sano") is dedicated to providing our patients with the most appropriate and complete treatment for the injuries they suffer from. If you do not agree with or do not think that you can comply with our Controlled Substance Agreement and Prescription Policy, please notify us. Sano will do our best to devise a plan for you, which may include referral to a pain management specialist or referral to another providing physician. By signing this agreement, you are agreeing to abide by the following agreement and policy.

Controlled medications that are prescribed by Sano physician include but not limited the Schedule II narcotics Tramadol, Hydrocodone and Oxycodone. In order to help prevent dependency, abuse or overuse of such medications, Sano will follow the prescribing policy listed as follows:

- Tramadol and/or Hydrocodone and/or Oxycodone will initially be prescribed for severe, acute, traumatic injuries (broken bone, laceration, ligament / tendon rupture, etc.) or for post-operative pain control, if indicated clinically necessary. The choice of medication and the amount prescribed will be the physician's discretion. The prescribed duration, approval of refills and discontinued use of medication is also up to the Provider.
- Sano will not prescribe any Schedule II narcotic medications for chronic conditions.

ACKNOWLEDGEMENT

- I understand this agreement is essential to the trust and confidence necessary in a doctor / patient relationship and that my doctor undertakes to treat me based on this agreement.
- I understand that due to potential abuse or diversion of medications, strict accountability is necessary. I understand that if I break this agreement, my doctor will stop prescribing controlled substances, refer me to another physician and comply with legal reporting requirements of abuse.
- I will only take the prescribed medication as instructed. I will not share, sell or trade prescription medicine.
- I will safeguard all prescribed pain medications / controlled substances from loss or theft. I understand lost or stolen medications will not be replaced by a Sano physician or staff member.
- I understand that refills will be made only during office hours **Monday-Thursday and may take 24 - 48 hours**. Refills will not be available during the evenings, Fridays, weekends or on any federally recognized holidays that Sano's office is closed. A photo ID is required to pick up a prescription. If someone is delegated to pick the script up for you, they will need to sign and show a photo ID.
- Refills may not be refilled earlier than the Provider's prescribed renewal date.
- I will inform the doctor of all medications that I currently take as well as new prescribed medications.
- I agree to follow all guidelines that have been fully explained to me in this agreement. All questions and concerns have been adequately addressed.

The undersigned certifies that he/she has read and understands the foregoing, is the patient or one authorized by the patient to execute the above and accepts the terms thereof.

Patient / Guardian Signature: _____ Today's Date: _____

Printed Name: _____ Date of Birth: _____