



**Controlled Substance Agreement
Dr. Robert LaPrade**

Patient Name: _____ DOB: _____

The CDC or Center for Disease Control and Prevention has recently made new recommendations regarding the prescription of Narcotic Pain Medication. These new recommendations place a quantity and duration limit to the amount of Narcotic Pain Medication that may be provided to patients. As a result of the CDC's recommendations, insurance companies may only authorize a particular quantity of pain medication to be provided to a patient at one time. Here at The Steadman Clinic we place patient safety as our highest priority when prescribing medication, however, there may be situations in which we feel that prescribing pain medication beyond the CDC recommendations may be appropriate. As a result, there may be additional out of pocket expense that you will be responsible for to obtain the pain medication that we prescribe.

At The Steadman Clinic we see a unique demographic of patients, as many of our patients travel great distances to obtain care by our Physicians and Medical Professionals. This can affect the ability of our patients to obtain follow up clinical visits and obtain refills of medication. Additionally, our Surgeons have vast experience in how to properly address post-operative pain. Depending on the surgery that is performed, you may require additional pain medication that is beyond the CDC recommendations. We prescribe pain medication so that you may remain functional in daily activities, in particular, for you to be able to perform Physiotherapy.

The following pages are a Controlled Substance Agreement of which outlines how Controlled Substances, including Narcotic Pain Medication, are to be prescribed by our office and how to obtain refills. Controlled substances will only be prescribed within the confines of this agreement. If you have any questions or any concerns regarding the prescription and use of controlled substance please contact our office and we will be happy to address any concerns.

Sincerely,

Robert F. LaPrade, MD, PhD
THE STEADMAN CLINIC
Complex Knee & Sports Medicine Surgeon

STEADMAN-PHILIPPON RESEARCH INSTITUTE
Chief Medical Officer
Co-Director of the Sports Medicine Fellowship Program
Director of the International Research Scholar Program



**Controlled Substance Agreement
Dr. Robert LaPrade**

This Agreement between _____ (patient) and Dr. Robert LaPrade (prescribing provider) and/or his Physician Assistant (PA) concerns the use of opioid pain medication for the treatment of pain. By signing this Agreement, I am stating that I understand the benefits and risks of this class of medication as well as my responsibilities regarding its use.

Goals/Benefits of Controlled Substance Medications:

Controlled substances are useful in controlling post-operative pain and these controlled substances are being prescribed for post-operative pain control only. The goal in taking post-operative controlled substances is to take the controlled substance only in the immediate post-operative setting and the cessation of taking controlled substances within 2 weeks of surgery. If controlled substances are required for pain control greater than 3 weeks from the original surgical date, a referral will be made to a pain specialist for ongoing and continued pain management.

Potential Risks of Controlled Substance Medications:

I understand that the possible complications of opioid therapy include, but are not limited to, chemical dependence (addiction), tolerance (increased need for medication), constipation, which could be severe enough to require medical treatment, difficulty with urination, fatigue, drowsiness, nausea, itching, stomach cramps, loss of appetite, confusion, sweating, flushing, depressed respiration, and reduced sexual function. Additional medication may help with some of these side effects. At times, the opioid pain medication will need to be discontinued.

Patient's Responsibility for Controlled Substances:

I understand and agree to the following responsibilities regarding the use of opioid pain medication:

1. I understand I may not be able to safely operate machinery or drive while on this medication, and will have to make honest, careful assessments about my alertness, response times, attention, and physical coordination while taking this medication to minimize risk or injury to myself or to others.
2. **I understand I am responsible for my controlled substance medications.** If the prescription or medication is lost, misplaced, stolen, or if I use it up sooner than prescribed, I understand it will not be replaced.
3. **I agree not to request nor accept opioid pain medication from any other physician or medical provider** while I am receiving such medication from prescribing provider and/or his PA. Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted in a hospital. I will notify prescribing provider/PA's office immediately if I am seen in the ER and given opioid pain medication or given opioid pain medication by another provider. I understand failure to do so will be in violation of this Agreement.

Refills of controlled substance medication:

- Will only be done during regular office hours
- Will not be made if I run out early
- Will not be made in an emergency (I will call 24-48 hours in advance)
- I must come to the office to pick up the prescription, scripts will not be mailed

