

**Mark A. Ellis, MD**

*Board Certified Pain Management Specialist*



**Terrance L. Hughes, MD**

*Board Certified Pain Management Specialist and PM&R*

## **Pain Medication Contract**

This agreement is between \_\_\_\_\_ (patient name) and Ellis Pain Center.

1. Physician agrees to medically manage the patient's pain problem.
2. Physician agrees to prescribe pain medication in appropriate amounts for the patient's condition.
3. Patient agrees to take all **scheduled** medications **exactly as prescribed** and agrees not to exceed the maximum daily dose on all **as needed** medications.
4. Patient agrees to keep all follow-up appointments required by the physician.
5. If a required follow-up appointment is missed, the patient must make and keep another appointment in order for pain medications to be refilled.
6. **NO PAIN MEDICATION WILL BE PRESCRIBED OR REFILLED AT NIGHT, ON WEEKENDS, OR ON HOLIDAYS** without a prior scheduled appointment.
7. Patient agrees that attempts to procure pain medications from any source not specifically approved by the Physician will constitute a breach of this contract and will immediately end any and all responsibility on behalf of the physician for further treatment of the patient.
8. Patient agrees to inform Ellis Pain Center of any emergency medical treatment requiring the use of oral pain medications or injection of pain medications.
9. Patient agrees to meet all financial responsibilities associated with treatment. Failure to meet payment obligations will constitute a breach of this contract and result in termination of treatment.
10. **PRESCRIPTIONS OR MEDICATIONS THAT ARE LOST, DESTROYED, OR STOLEN WILL NOT BE REPLACED UNTIL THE NEXT SCHEDULED REFILL DATE, REGARDLESS OF CIRCUMSTANCE.**
11. **PATIENTS WILL BE SUBJECT TO A RANDOM DRUG SCREENING TEST.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date