

Addendum A

NARCOTICS CONTRACT

I, (INSERT PATIENT'S NAME), agree only to obtain scheduled medications from (INSERT PHYSICIAN'S NAME).

I, (INSERT PATIENT'S NAME), agree that I will only fill these prescriptions at a single pharmacy which includes a pharmacy with more than one location. The pharmacy I will use is (INSERT NAME AND ADDRESS OF PHARMACY).

I, (INSERT PATIENT'S NAME), agree to notify my prescribing practitioner, (INSERT PHYSICIAN'S NAME), within 72 hours of any emergency where I am prescribed any scheduled medication.

I, (INSERT PATIENT'S NAME), fully understand and agree that if I fail to honor the provisions of this narcotics contract, my prescribing practitioner (INSERT PHYSICIAN'S NAME) may either terminate our provider-patient relationship or continue to treat me without prescribing a Schedule II opioid to me.

Patient Signature

Physician Signature

Date