

# Performance Orthopaedics & Sports Medicine, P.A.

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## Medication Policy

We are concerned both with your comfort and your safety. We realize that the pain and discomfort caused by injuries can be distressing and we want all of our patients to experience minimal pain. Our medication policy is designed to enhance patient safety in the appropriate utilization of medication.

We have established guidelines in the appropriate use of the medication, and in the usage and prescription of such medication. Despite our desire to relieve your pain, we also recognize that most pain medication carries the potential for addiction, habituation, and unintentional abuse. Each patient should therefore take the minimum medication possible. A large part of our focus is to help with other ways to control your pain so that you do not become dependent on drugs.

It is important on your first visit that you bring with you a list of **ALL** medications that you are taking, with dosage amounts. You also need to bring your medical records. Only **ONE** doctor can manage your pain. This can be your treating doctor, your family doctor, or us, **but only one physician can be the pain management doctor. If it comes to our attention that you are getting pain medication from another doctor as well as from us, we will no longer prescribe any medications for you.**

By signing this policy you here by give Performance Orthopaedics permission to access your medication history. This information will be used for the purpose of managing your prescriptions safely and to avoid any possible duplications and adverse reactions new medications may cause. Any questions regarding this consent should be voiced prior to signing this policy.

### Reminder:

- **Make an upcoming appointment for the time frame that the doctor has specified. Make this appointment BEFORE you leave the office to avoid unnecessary delays.**
- **Guard your prescription slips and medication bottles. Lost or stolen medication slips or bottles will NOT be replaced. We will require a Police report of the theft of your medications.**

Our office policy is to **NOT refill** any medications over the telephone; **please have your pharmacy fax** us a request for the refill. Faxed refill requests are reviewed each day at 3 PM, and if the refill is appropriate, it is called to the pharmacy by 6 PM that same day. In the event you change your pharmacy, you are required to inform our office, if we receive a request from a pharmacy that is not on file, your prescription may be delayed or denied.

We will **NOT refill ANY medication** early. If your pain is not sufficiently controlled by the medication prescribed by the doctor, or if you need to take more medication than ordered to control your pain, then you need to make an appointment to see the doctor earlier than scheduled. There is a significant risk to your overall health if you are using these medications in excessive amounts. We wish to prevent any complications from excessive medication use due to uncontrolled pain. Please discuss these problems with your doctor during your appointment, so that an appropriate medication regimen can be established for you.

If you have any questions concerning our policy, please discuss these with your doctor or our Office Manager.

I, \_\_\_\_\_ understand the policy of Performance Orthopaedics & Sports Medicine, P.A. regarding medication prescriptions and refills. I also have been advised and understand the potential complications of medications.

Patient Signature and Date: \_\_\_\_\_

**OFFICE ONLY:**

Witness and Date: \_\_\_\_\_

Revised Form 05/01/09