



www.lonestarorthopedics.com

KENNETH G. BERLINER, M.D.

American Board of Orthopedic Surgery

MEDICATION CONTRACT / AGREEMENT

**THIS AGREEMENT IS REQUIRED TO BE SIGNED AND ADHERED TO IN
ORDER FOR MEDICATIONS TO BE PRESCRIBED**

As a courtesy to our patients, it has been our policy to refill our patient's prescriptions between visits in certain circumstances. However, recently there has been increased regulation and oversight regarding the prescribing of controlled substances. In order to ensure that our licenses will remain unrestricted so that we can continue to provide the best service, we ask for your help and understanding in these matters.

It is imperative that you contact your pharmacy 2 to 3 days in advance to request a refill. Although we can sometimes respond to refill requests sooner, we ask that you allow 3 days for the refill to be processed. **DO NOT WAIT UNTIL YOU ARE OUT OF MEDICATION BEFORE REQUESTING A REFILL**, as we may not be able to process it emergently. If you have a pain emergency and we are unable to process your refill, such as after hours, or on weekends or holidays, we will ask that you go to your nearest emergency room.

 INITIAL

The Drug Enforcement Agency and Texas Medical Board have strict guidelines in place for physicians who prescribe narcotics. Therefore, we are required to review your prescription history with the Department of Public Safety prior to prescribing narcotics. This history captures all medications obtained by you over a period of 1 year. In the event it is discovered that you are obtaining medications of the same class from other physicians, we will not be able to prescribe for you and will require that you continue to obtain your medications from the other physician. Texas Medical Board Pain management Guidelines state "only 1 physician will prescribe dangerous and scheduled drugs and only 1 pharmacy will be used for prescriptions". Based upon these guidelines, we must incorporate this policy into our practice. **INITIAL**

We are unable to process medication replacements for lost, stolen or excessive use of any narcotics. **DO NOT TAKE IT UPON YOURSELF TO INCREASE YOUR DOSE WITHOUT CONSULTING OUR OFFICE.**

 INITIAL

We may require laboratory tests for drug levels periodically. This is a requirement of the Texas Medical Board and the Drug Enforcement Agency. These guidelines set forth by the TMB and the DEA can be provided to you at your request. **INITIAL**

"Dedicated to providing quality Orthopedic Care"

4710 Katy Freeway, Houston, TX 77007
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If you feel your medication is not helping you, please call the office and inform our medical assistants or me. If any narcotic medication is changed, you will be required to bring in the unused portion of the discontinued medication so that we can properly dispose of it. _____ **INITIAL**

I have read this medication agreement and understand that there will be no exceptions under any circumstance.

Patient Signature

Patient Printed Name

A handwritten signature in black ink, appearing to read "K. Berliner", written over a horizontal line.

Kenneth Berliner, MD

Date

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