



FLINT

Surgery and Endoscopy Center

Pain Management Contract

Your physician is Dr. _____.

To check your physician’s availability please contact the pain clinic between the hours of 8:00 AM to 4:00 PM - M-F.

Telephone: 810-342-4881

For emergencies that occur at other times, please call the emergency department at McLaren Flint at 810-342-2308.

If life threatening please dial 911.

Write down the time and date of your next clinic appointment and double check this with the clerical staff before leaving the clinic. To cancel or reschedule your appointment, please let us know at least 3 days in advance.

We Require:

- That you use only one pharmacy for refills of your pain medication. The pharmacy you have chosen is _____ and their phone number is _____.
• If you wish to change pharmacies, tell your doctor. Using the same pharmacy helps ensure that it will keep your medication in stock for refills and that it will know that you have a legitimate need for pain medication. ***Request for medication refills will be taken between 9:00AM and 3PM on M-F. Calling during these hours ensures the most prompt response to your request.
• That you request your refill at least 3 working days before your last dose of medication. Do not wait until the day your medication runs out. Some prescriptions cannot be refilled by phone. A new prescription must be written and picked up at this clinic.
• That you take medication as prescribed and keep your medication in a secure place. Do not sell, trade, or give away your medication. If your medication is damaged please discuss the problem with your doctor at once. If your meds are lost or stolen, they may not be replaced.
• That you contact us if you believe you are having an allergic reaction or side effect to a medication prescribed by the Pain Clinic.
• That you do not seek pain medication from any other doctor. We have the ability to monitor all narcotics prescribed in the state of MI. Seeking medications outside of the Pain Clinic non-emergently is in violation of the treatment plan and this pain management contract.
• That you contact us if your pain medication is not working. Early refill requests for any medication will not be honored without an appointment to evaluate treatment plan.
• That you refrain from using illegal/non prescribed medications including marijuana, alcohol or other non-prescribed treatment. All patients receiving narcotics for pain control agree to random drug testing. A positive result may result in discharge from the clinic.
• That you keep your appointments. Three no call no shows or three cancellations with less than 24 hours notice in a 12 month period will result in discharge from the clinic.
• Any violation of this contract may lead to your discharge from the clinic.

My signature below signifies that I have read the Pain Management Contract in its entirety and have had an opportunity to ask questions.

Patient Signature: _____ Witness Signature: _____

Date: _____ Time: _____



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PT.

MR./#P

DR.