



ADVANCED INTERVENTIONAL
— PAIN CONSULTANTS —

CONSIDER THE FOLLOWING WHILE BEING A PATIENT

1. All pertinent medical records and recent imaging studies such as X-rays, MRI's and CT scans should be provided before your initial consultation. Without them, scheduling your appointment might be delayed.
 2. Further tests may be ordered to help diagnose your condition. Treating the symptom of pain without a diagnosis is not our way of practice.
 3. When indicated, treatment modalities will include medications, physical therapy, psychological counseling, injections and nutritional supplementation.
- **Medication therapy** involves the use of one or more of the following: anti-inflammatory drugs, antidepressants, anticonvulsants, topical creams and opioids (narcotics).
 - If you are prescribed an opioid, you will be asked to sign our OPIOID CONTRACT. Violation of any part of the contract will be grounds for immediate dismissal and you will be asked to find another provider.
 - Opioids prescriptions **will not be refilled over the phone**. If your medication is not providing enough pain relief, a face to face consultation will be required to make appropriate changes. **Do not take more than the amount prescribed.**
 - You will have to be seen every month to assess the effectiveness of the therapy.
 - Random urine drug screens will be performed.
 - The use of illegal drugs in combination with opioid therapy will not be tolerated.
 - The use of alcohol in combination with opioid therapy is fully discouraged.
 - The presence in urine of opioids not prescribed by our clinic, or the absence of opioids prescribed to you, is considered grounds for dismissal.

No early refills for opioids medications will be authorized for any reason.



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- **Physical therapy** will restore your functionality.
 - Your **mental health** is important in regard of the way and amount of pain you experience. A psychological consultation might be required to better treat your condition.
 - **Injections** will be recommended alone or in combination with other therapies to decrease your level of pain, to limit the amount of medicines you use, and help you perform better during physical therapy.
4. During each visit, you must complete all forms provided to you. Of significant importance is your medication record which needs to be updated by you with every time you have an appointment. Patients' forms can be downloaded from our website www.modulatepain.com ahead of time to expedite your visit.
 5. Our hours of operation are Monday thru Thursday from 8:00 am to 5:00 pm, and Friday 8:00 am to 12:00 pm. Messages left after hours or on weekends will be returned the next office day. You may also email your questions to modulatepain@gmail.com. If you have an emergency after hours or on weekends, please go to the closest ER department.
 6. **Be aware that disruptive, disrespectful or aggressive behavior towards any member in the clinic will be considered enough reason for immediate dismissal.**
 7. For the benefit of all our patients, no children under the age of 10 are allowed in the waiting area or in the consultation rooms.

I _____ have read the above document. I was given the opportunity to ask questions and all of them were answered to my satisfaction.

The pharmacy I will use exclusively to fill my prescriptions will be _____ and the phone number is _____.

Patient's Signature: _____

Date: _____