



**ADVANCED INTERVENTIONAL**  
— PAIN CONSULTANTS —

**TREATMENT AGREEMENT**

1. I understand the treatment of pain does not mean the exclusive use of medications, but rather, the use of different treatment modalities.
2. I will to participate in all different treatment modalities including interventional pain procedures, regenerative medicine, physical and occupational therapy, regular exercise programs, psychological techniques such as cognitive behavioral therapy, relaxation and counseling, mindfulness, acupuncture, chiropractic therapy, weight control, nutrition, smoking cessation, and surgery as recommended by my physician.
3. I understand when starting a new opioid medication; I will have more frequent appointments. Once an appropriate medication and dose is established, my appointments will be on a monthly basis. The final frequency of my visits will be determined by different factors my physician will consider. The length of treatment will depend on my progress.
4. I will keep my opioid medication in a secure place (locked safe) and out of the reach of children or other adults. If my medication is lost or stolen, it will not be replaced.
5. I will use my opioid medication as instructed and will not use more than the amount prescribed without authorization of my physician.
6. I will stop using my opioid medication if I experience significant side effects or adverse reactions and schedule a follow up appointment as soon as possible.
7. I will not request early refills of any opioid medication. I understand that prescriptions for opioid medications will only be filled during scheduled office visits.
8. I will make sure I have a follow up appointment scheduled in order to refill my opioid medication. If I am having trouble making an appointment, I will let a member of staff know immediately.
9. I will not share my opioid medication with others. This is against the law. I understand if I do, my treatment will be discontinued.
10. I will not take opioid medications from another physician unless authorized by my physician. It is ok to receive medications for pain while being hospitalized.
11. I will not take any unused opioid medication previously prescribed by my physician or other physicians without prior authorization.
12. I will not take any opioid medications from family members, friends, or illegal sources.
13. I will notify my physician about opioid medications prescriptions issued to treat acute or chronic pain, or medications not intended for the treatment of pain that contain an opioid, at or before the next appointment, including name and contact information of the physician who issued the prescription, date of prescription, name and quantity of the drug.
14. I will not start taking medications such as benzodiazepines (Xanax, Valium), muscle relaxants (Soma), anticonvulsants (Lyrica), or barbiturates (Fioricet) without informing my physician
15. I will not consume alcohol while being prescribed opioid medications.
16. I will not use illegal drugs.



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17. I will inform the doctor of all other medications I use and keep my medication list updated at every visit.
18. I will not keep any unused opioid medication in my home.
19. I will dispose any unused opioid medication (for information on how to dispose unused opioid medication follow recommendations established by the FDA).
20. I will provide a urine or oral fluid sample for drug toxicology testing when requested.
21. I will sign a release form to allow my physician to contact any health care professionals to obtain medical information pertinent to my care.
22. I will consent to a family conference or a conference with a close friend or significant other if my physician considers it important.
23. I will always treat the staff at the office with respect. I understand that if I am disrespectful to the staff or disrupt the care of other patients my treatment will be discontinued. Threatening or aggressive behavior will result in immediate termination of the physician-patient relationship
24. I will use only one pharmacy to fill all any opioid medication prescribed except when. Circumstances prevent me filling my prescription at the designated pharmacy (all prescriptions will be issued electronically).
25. I understand that at any time during my treatment, if my physician considers the risk of harm from using an opioid medication outweighs its benefits, the medication will be tapered off and other treatment modalities will be offered.
26. I understand that at any time during my treatment, if I misuse or abuse my opioid medication, or the risk of misuse or abuse of an opioid medication is too high, the medication will be tapered off and other treatment modalities will be offered.
27. I understand that at any time during my treatment, if my physician considers I have become addicted to opioid medications (opioid use disorder), I will be referred to an addiction specialist or Medication Assisted Therapy program.
28. I understand and voluntarily agree with the terms of this agreement.
29. I understand opioid medications may be discontinued if I violate the terms of this agreement.
30. I have had, and will have at any time in the future, the opportunity to discuss all the items on this agreement with my physician.

We will help you schedule regular appointments for medications refills. If we must cancel or change your appointment for any reason, we will make sure you have enough medication to last until your next appointment.

We will make sure that your treatment is as safe as possible. We will check regularly to make sure you are not experiencing side effects, or are at increased risk for misuse, abuse or addiction.



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We will keep track of your prescription history, request drug toxicology testing regular, and perform psychological and functional tests when indicated to ensure your safety.

We will provide you with different treatment modalities. Our goal is to reduce your pain, increase your ability to function and improve your quality of life.

We will help set specific treatment goals and monitor your progress in achieving those goals.

We will work in conjunction with your other physicians when appropriate.

If we determine you have developed an addiction (opioid use disorder) to opioids, or if we determined the use of opioids represents a greater risk of harm to you than the possible benefits, we will recommend tapering off opioids and/or refer you to a substance abuse specialist or Medication Assisted Therapy program.

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](mailto:modulatepain@gmail.com). If you have an emergency after hours or on weekends, please go to the closest ER department.

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 **(name)** \_\_\_\_\_ have read the above document. I was given the opportunity to ask questions and all of them were answered to my satisfaction.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's signature: \_\_\_\_\_