



- 1 I understand how to take my prescribed controlled substances and agree to follow the directions as prescribed by my physician or pharmacy.
- 2 I agree to inform my physician in any change in medical status and use of these and all medications.
- 3 I will not share, trade, or sell my controlled substances.
- 4 I will not use any illegal controlled substances.
- 5 I understand that overuse of any medication may prove to cause harm or even death.
- 6 I understand that it is a felony to obtain controlled substances under false pretenses.
- 7 I understand that it is my responsibility to keep others and myself from harm including any activity or driving that may be affected from this medication.
- 8 I agree that I will store this medication in a safe place to secure it from children and others and will be aware of my pill count at all times.
- 9 I understand that there are risks when being prescribed a controlled substance.
- 10 I understand that routine bloodwork and urine medication screens will take place as a part of my treatment program.

I have read the above agreement and understand the contents in its entirety. I also understand that if I break the agreement I may be discharged as a patient of *Maricela Perez APN*

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(Print Patient's Name)

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(Patient's Signature)

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(Date)

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(Provider's Signature)

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(Date)