



# G & K MEDICAL ASSOCIATES, P.C.

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## NARCOTIC PRESCRIPTION AGREEMENT

Controlled substance medications (narcotics) can be very useful, but have a high potential for misuse and abuse, and are therefore closely controlled by the local, state, and federal government.

Used properly they are very effective pain medication. If used excessively however, they can cause adverse effects such as vomiting, constipation, lethargy, or even death. To insure that these medications are used properly, I agree to the following conditions:

1. I am responsible for my controlled medications. IF THE PRESCRIPTION OR MEDICATION IS LOST, MISPLACED OR STOLEN, OR IF USED SOONER THAN PRESCRIBED, I UNDERSTAND THAT IT WILL NOT BE REPLACED.
2. I will not request nor accept controlled substance medications from any other physician or individual while I am receiving such medication from G&K Medical Associates. Besides being illegal to do so, it may endanger my health.
3. Refills on controlled medication will be made only during regular office hours 8am to 5pm Monday through Friday, or during a scheduled office visit. I understand that I must be seen every month to refill controlled medication, no exception.
4. I understand that providers may request a urine or blood drug screen at any time while narcotics are prescribed. Failure to leave a sample may lead to discontinuation of refills. I understand that I am wholly responsible for the cost of these tests as not all insurances cover this cost. In the event of more than one inconsistent drug screen, I understand I will be referred to pain management and behavioral health, may be discharged from the practice and narcotics will be discontinued.
5. I understand if I violate any of the above conditions or decline to take a urine test for controlled drugs at my physician's request, my controlled substance prescription and/or my treatment at G&K Medical may be duly terminated. If the violation involves obtaining controlled substances from another individual, as described above, I may also be reported to the local authorities.

I have been informed by my physician about narcotic effects, including normal physiologic effects or tolerance (need for more medicine to achieve the same relief), dependence (withdrawal will occur if I stop the medication abruptly), and addiction (abnormal psychological dependence).

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date