

CONTROLLED - SCHEDULED DRUG CONSENT & AGREEMENT

VITAL TOTAL HEALTH MEDICAL GROUP, INC. (VTHMG) is a Multi-Specialty Medical Group that specializes in Pain Management and Addiction Care.

For any Scheduled Drugs which are defined as Controlled Drugs by the Drug Enforcement Agency (see Attachment A, which is part of the Agreement, below which outlines the Schedule), there are strict rules regarding their prescription, given the potential for dependency, addiction, abuse and misuse. As a patient of VTHMG, you understand the aforementioned and accept such risks, with the goals of improving safety and function. To lessen these side-effects and complications, you consent and agree to the following:

1. You are personally responsible for my medication use and storage.
2. Any medications prescribed will not be refilled over the telephone, even if lost. Any adjustments or refills will be made only in an office visit, never over the phone.
3. Narcotic medications can be prescribed up to a daily limit, at which point, the need may arise for referral to our Addiction Specialist.
4. You will use caution driving a car or using other hazardous machinery. Abstain for several days when starting a new drug or after an increase in dose.
5. You acknowledge that you are not using any street drugs or alcohol, as the combination can result in significant impairment, accidents, and death..
6. You acknowledge that you have not been suicidal now or in the past.
7. If #5 or #6 applies, then you will schedule an appointment to notify the provider.
8. You agree that you will not seek medication prescriptions from any other physician office other than Vital Total Health Medical Group.
9. You will use only one pharmacy for your medications.
10. You agree not to give or sell your medications to anyone.
11. You consent to drug screening via urine, saliva, hair, breath or blood.
12. You agree to waive any applicable privilege or right of privacy of confidentiality with respect to the prescribing of Pain and Scheduled medications.
13. You understand the side effects of sedation, itching, nausea, vomiting, difficulty urinating, constipation, and other side-effects are possible. You further understand the risk of addiction and the probability of physical dependence exists and you consent to all these risks.
14. You understand that stopping narcotic medications may result in an abstinence syndrome. You understand that in addition to the side effects listed above, a

possibility of respiratory depression and even death exists from these medications. If you feel sleepy, then you will not take these medications, even if your pain level or other problems are great. You understand that if you take alcohol or illicit drugs or benzodiazepines with opiates you may die or suffer from brain damage. You understand that if you do not take opiates as prescribed there is a risk of death.

15. If you do not wish to be prescribed controlled substances or wish to decrease the controlled-substance medications (Scheduled), then check this box [] and ask your provider to establish a program of alternative options of physical therapy, chiropractic, acupuncture, biofeedback, exercise, hormone treatment, injection therapy, ketamine therapy, and regenerative procedures such as stem cells and PRP.
16. If you feel you have a problem with addiction and substance abuse, then check this box [] to enroll in our Medication-Assisted Treatment program which uses medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.

Patient's Name (Please Print):

Signed: _____

Dated: _____

Vital Total Health Medical Group, Inc.

Provider's Name (Please Print):

Signed: _____

Dated: _____

Attachment A: Drug Schedules (from <https://www.dea.gov/drug-scheduling>)

Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes-- Schedule II, Schedule III, etc., so does the abuse potential-- Schedule V drugs represents the least potential for abuse. A Listing of drugs and their schedule are located at Controlled Substance Act (CSA) Scheduling or CSA Scheduling by Alphabetical Order. These lists describes the basic or parent chemical and do not necessarily describe the salts, isomers and salts of isomers, esters, ethers and derivatives which may also be classified as controlled substances. These lists are intended as general references and are not comprehensive listings of all controlled substances.

Please note that a substance need not be listed as a controlled substance to be treated as a Schedule I substance for criminal prosecution. A controlled substance analogue is a substance which is intended for human consumption and is structurally or pharmacologically substantially similar to or is represented as being similar to a Schedule I or Schedule II substance and is not an approved medication in the United States. (See 21 U.S.C. §802(32)(A) for the definition of a controlled substance analogue and 21 U.S.C. §813 for the schedule.)

Schedule I

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are:

heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote

Schedule II

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are:

Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin, Norco), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are:

Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone

Schedule IV

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are:

Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Schedule V

Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are:

cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin