

Dear Patient,

Welcome to Newport Interventional Pain Management. We look forward to working with you as a patient.

Because of the problem with over prescription of controlled substance medicines, we have a policy not to prescribe such medicines at new patient visits, during follow up visits, and after procedures. New patients will be required to sign the enclosed policy which further explains this before they will be seen. If after reviewing this, you decide not to sign it, you may cancel your new patient appointment.

Sincerely,

Michael Frank, ARNP, CRNA, DHA
Newport Interventional Pain Management

Controlled substance prescriptions for patients

Controlled substance overuse and abuse has become a major problem in the US. Controlled substances include narcotic pain medicines (such as codeine, hydrocodone, oxycodone, morphine, fentanyl, Lortab, Percocet, Tylox, Vicodin, Oxycontin, Kadian, MS Contin, Avinza, Dilaudid), certain nerve medicine (Diazepam(Valium), Alprazolam (Xanax),) as well as some other medications.

Many patients who are taking these come to us as new patients expecting that we will prescribe these medicines. It is our policy that we will not prescribe such medications at a visit and after any procedures. If you are on such medications and feel that you need to continue them, you will need to make other arrangements to obtain them. If this policy is not acceptable to you, you may cancel your new patient appointment and seek care elsewhere.

We will not prescribe such medications to you in the future. Each patient will be evaluated on a case by case basis once enough information is available to make a clear diagnosis. This generally includes reviewing medical records from your previous doctors and performing appropriate tests. Just because another doctor has chosen to prescribe such medicines does not mean we will agree to do so. We believe that it is not usually in the best interests of patients to take addictive medications on a long term basis.

I have read and understand this policy regarding prescribing controlled substances.

Signature _____ Date _____