

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Controlled Substances Agreement**

Patients receiving controlled medication(s) must adhere to the following rules:

1. All patients must present themselves to the office for evaluation and to receive prescriptions for medications. These medications cannot be refilled by phone or through fax.
2. We will not replace lost, stolen, expired, or damaged prescriptions without an office visit.
3. Patients receiving controlled substances from our office may not receive (or be receiving) similar medications from another provider.
4. Please understand that all triplicate prescriptions expire in 21 days after the date on the prescription or "earliest fill date".
5. Some of the controlled medications will appear on drug screening tests. Check your company policy.
6. If your medication requires prior authorization, please allow us 1-3 business days. We will contact you once it is completed.
7. Note that deceitful behavior, requests for early refills, altering a prescription, or not following the rules contained herein may result in your discharge as a patient from our practice.

**List of Controlled Medications**

- |              |           |
|--------------|-----------|
| Adderall     | Lunesta   |
| Ambien       | Metadate  |
| Aptensio     | Methylin  |
| Ativan       | Neurontin |
| Chlorazepate | Niravam   |
| Concerta     | Procentra |
| Dalmane      | Restoril  |
| Daytrana     | Ritalin   |
| Dexedrine    | Tranxene  |
| Evekeo       | Valium    |
| Focalin      | Vyvanse   |
| Klonopin     | Xanax     |
| Lorazepam    | Zenzedi   |

\*Some variations may apply

\_\_\_\_\_  
Print Patient/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date