

**THE FOLLOWING IS A LIST OF MEDICATIONS THAT NEEDS TO BE STOPPED
5 DAYS PRIOR TO YOUR APPOINTMENT DATE.**

NSAIDs

4 way cold tablets
Abciximab
ASA/dipyridamole
Aspergum OTC
Aspirin/butalbital/caffeine
Aspirin/butalbital
Aspirin/methocarbamol
Aspirin/oxycodone
Aspirin

Aspirin/meprobamate
Bivalirudin
Bromo Seltzer
Cama arthritis pain reliever
Celecoxib
Choline/magnesium salicylate
Choline/salicylate
Cilostazol
Clopidogrel
Congesprin chewable tablets
Cope Tablets
Coricidin D congestant tablets
Curcumin
Dalteparin
Diclofenac potassium
Diclofenac Sodium
Diclofenac Sodium/misoprostol
Diflunisal
Dipyridamole
Dristan
Easprin
Ecotrin
Enoxaparin
Eptifibatide
Etodolac
Fenoprofen Calcium
Fish Oil
Flax seed oil
Flurbiprofen
Fondaparinux
Ginkgo
Halfprin 81 OTC
Hawthorne
Heartline OTC
Heparin
Hydrocodone/ibuprofen
Ibuprofen
Indomethacin

BRAND NAMES

Reopro
Aggrenox

Fiorinal with codeine
Fiorinal
Robaxisal
Percodan
Anacin,Ascriptin,Bayer,Bufferin,Excedrin,Aggrenox
Empirin,Halfprin,Zorprin,Entrophen,Baby ASA
Equagesic
Angiomax

Celebrex
CMT,Tricosal, Trilisate
Arthropan
Pletal
Plavix

Fragmin
Cataflam,Zipsor
Voltaren,Voltaren XR,flector Patch
Arthrotec
Dolobid
Persantine

Lovenox
Integrilin
Lodine,Lodine XL,Ultradol
Nalfon

Ansaid,Froben, Froben SR
Arixtra

Heparin
Vicoprofen
Advil,Motrin,Motrin IB,Nuprin,Rufen,Neoprofen
Indocin,Indocin SR

NSAIDs

Ketoprofen
Ketorolac
Lepirudin
Magnesium Salicylate

Meclofenamate Sodium
Mefenamic acid
Meloxicam
Midol
Nabumetone
Naloxone
Naproxen
Oxaprozin
pentoxifylline
Piroxicam
Propoxyphene Hydrochloride
Propoxyphene Hydrochloride/ASA
Salsalate

Sodium Salicylate
Sulindac
Tiaprofenic Acid
Ticlopidine
Tinzaparin
Tirofiban
Tolmetin Sodium
Valdecoxib
Vitamin E
Vitamin K
Warfarin

BRAND NAMES

Actron,Orudis,Orudis KT,Oruvail
Toradol
Refludan
Arthritab,Bayer select,Doan's pills,Magan,Mobidin
Mobogesic
Meclomen
Ponstel
Mobic

Relafen
Talwin
Naprosyn,Naprelan,Aleve,Anaprox
Daypro
Trental
Feldene,Flexicam
Darvon Compound
Darvon with Aspirin
Amigesic,Anaflex 750,Disalcid,Marthritic,Mono-Gesic
Salflex,Salsitab

Clinoril
Surgam,Surgam SR
Ticlid
Innohep
Aggrastat
Tolectin
Bextra

Coumadin

OR ANY OTHER NSAID OR BLOOD THINNING MEDICATION NOT LISTED.
THERE ARE MANY MEDICATIONS THAT CONTAIN BLOOD THINNING AGENTS, PLEASE GO
OVER ALL OF YOUR MEDICATIONS, 7 DAYS PRIOR TO YOU APPOINTMENT, TO INSURE
YOUR APPOINTMENT DOES NOT HAVE TO BE RESCHEDULED

Pain Institute of Central California, Inc.
Phone: (661)665-7880 Fax: (661)665-7811

Arturo Palencia, M.D. Afaq Kazi, M.D. Carmen Fischer, M.D.

OPIOID AGREEMENT- PART 1

When opioids are prescribed, communications must be clear, because the DEA monitors prescriptions closely.

1. Narcotics or opioids are often used to treat chronic intractable pain but do not “cure” the underlying condition(s) that cause pain and they may cause other problems.
2. The main goal of opioid therapy is to help improve your physical and vocational functioning.
3. Before a prescription for opioids is written, it is in your best interest to have a primary care physician (PCP) who agrees with the proposed therapy and signs part 2 **OR** part 3 of this opioid agreement.
4. By signing part 2, your PCP agrees to take over opioid prescribing only after it is proven to be an appropriate, safe and effective therapy for managing your chronic pain problem. This will only be necessary if you stop coming to Pain Institute of Central California, Inc.
5. By signing part 3, your PCP does NOT agree to prescribe your pain medications but agrees with the other stipulations and agrees that we are to be the ONLY physicians prescribing your opioids.

THE REQUIREMENTS:

Because of the controversy and concern surrounding opioid usage, we must require that you:

1. **HAVE ONLY ONE PHYSICIAN PRESCRIBING THESE OPIOIDS.** Having more than one prescriber will constitute grounds for dismissal from the clinic. This may be either my PCP or my pain physician.
2. Use only one pharmacy for medications: This pharmacy is _____.
3. **Take your medications only as prescribed.**
4. Document your progress.
5. Maintain a primary care physician. This Dr. is _____.
6. Have your primary care physician’s signature on file at Pain Institute of Central California, Inc. prior to receiving a prescription for opioids.
7. Know that lost or stolen medications or prescriptions will not be replaced.
8. Know that forged or abused prescriptions constitute grounds for dismissal.
9. Know that treatment discussions can only occur within your appointments.
10. Telephone the office **only for urgent medical problems** (not for routine prescription refills).
11. Allow random drug screens to be taken.
12. Allow us to discuss your case with your caregivers.

UNDERSTANDINGS:

Prior to receiving a prescription for opioids, I must secure an agreement from my PCP that he or she is willing to take over opioid prescribing:

- only if it is proven to be an appropriate, safe and effective therapy.
- After my prescription dose has become stabilized.
- And if I stop coming to Pain Institute of Central California inc. for treatment.

If I do not follow the above-listed requirements, I may be discharged from the pain clinic. The standard procedure is to be given a tapering 15 day dosage and a reference list of other community pain physicians.

I have received and will read the opioid therapy brochure that I will keep for future reference and questions.

Patient signature and date

Pain Physician signature and date

PAIN INSTITUTE OF CENTRAL CALIFORNIA, Inc.

Phone: (661)665-7880 Fax: (661)65-7811

OPIOID AGREEMENT – PART II

Dear Primary Care Physician:

Your Patient, _____, has been seen at the Pain Institute of Central California, Inc. and appears to be an appropriate candidate for opioid therapy. Prior to initiating opioid therapy, we need your agreement with the proposed therapy and request your support in being willing to provide your patient with opioid or secure prescriptions if necessary in the future should he/she stop coming to our pain clinic. Your patient has been apprised of the concerns and difficulties surrounding opioid prescriptions, and the final step is to secure your agreement. If you have any questions or concerns about the pain clinic please do not hesitate to call our office.

- Narcotics or opioids are often used to treat chronic intractable pain but do not “cure” the underlying condition(s) that cause pain and they may cause other problems.
- The main goal of opioid therapy is to help improve your physical and vocational functioning.
- Before a prescription for opioids is written, it is in your best interest to have a primary care physician (PCP) who agrees with the proposed therapy and signs part 2 of this opioid agreement thereby agreeing to take over opioid prescribing only after it is proven to be an appropriate, safe and effective therapy for managing you chronic pain problem.
- This is a courtesy agreement between you and your PCP and is not a legally binding contract but will provide you with a “safety net” should you ever stop coming to Pain Institute of Central California, Inc. for treatment.

Requirements:

1. **HAVE ONLY ONE PHYSICIAN PRESCRIBING THESE OPIOIDS.**
2. Use only one pharmacy for medications.
3. Take your medications as prescribed.
4. Document your progress.
5. Maintain a primary care physician
6. Have your primary care physician signature on file at Pain Institute of Central California, Inc. prior to the initiation of opioid therapy.
7. Know that lost or stolen medications or prescriptions will not be replaced.
8. Know that treatment discussions can only occur within your appointments.
9. Telephone the pain clinic only for urgent medical problems.
10. Allow random drug screens to be taken.
11. Allow us to discuss your case with your caregivers.

Understandings:

1. Prior to receiving a prescription for opioids, I must secure an agreement from my Primary Care Physician that he/she is willing to take over opioid prescribing:
 - a. only if it is proven to be an appropriate, safe and effective therapy,
 - b. after my prescription dose has become stabilized,
 - c. and if I stop coming to Pain Institute of Central California, Inc.
2. If I do not follow the above –listed requirements, I may be discharged from the pain clinic. The standard procedure is to be given a tapering 15 day dosage and a reference list of other community pain physicians.

I have received and will read the opioid therapy brochure that I will keep for future reference and questions.

Patient signature and date

Primary Care Physician signature and date

PAIN INSTITUTE OF CENTRAL CALIFORNIA, Inc.

Phone: (661)665-7880 Fax: (661)65-7811

OPIOID AGREEMENT – PART III

Dear Primary Care Physician:

Your Patient, _____, has been seen at the Pain Institute of Central California, Inc. and appears to be an appropriate candidate for opioid therapy. Prior to initiating opioid therapy, we need your agreement with the proposed therapy. Your patient has been apprised of the concerns and difficulties surrounding opioid prescriptions. If you have any questions or concerns about this regimen, or any other questions about the pain clinic, please do not hesitate to call our office.

- Narcotics or opioids are often used to treat chronic intractable pain but do not “cure” the underlying condition(s) that cause pain and they may cause other problems.
- The main goal of opioid therapy is to help improve your physical and vocational functioning.
- Before a prescription for opioids is written, it is in your best interest to have a primary care physician (PCP) who agrees with the proposed therapy and signs part 3 of this opioid agreement.
- This is a courtesy agreement between you and your PCP and is not a legally binding contract but will provide you with a “safety net” should you ever stop coming to Pain Institute of Central California, Inc. for treatment.

Requirements:

1. **HAVE ONLY ONE PHYSICIAN PRESCRIBING THESE OPIOIDS.**
2. Use only one pharmacy for medications.
3. Take your medications as prescribed.
4. Document your progress.
5. Maintain a primary care physician
6. Have your primary care physician signature on file at Pain Institute of Central California, Inc. prior to the initiation of opioid therapy.
7. Know that lost or stolen medications or prescriptions will not be replaced.
8. Know that treatment discussions can only occur within your appointments.
9. Telephone the pain clinic only for urgent medical problems.
10. Allow random drug screens to be taken.
11. Allow us to discuss your case with your caregivers.

Understandings:

1. My Primary Care Physician is **NOT** willing to take over opioid prescribing.
2. I agree to receive opioid medications **ONLY** from my pain physician
3. If I do not follow the above –listed requirements, I may be discharged from the pain clinic. The standard procedure is to be given a tapering 15 day dosage and a reference list of other community pain physicians.

I have received and will read the opioid therapy brochure that I will keep for future reference and questions.

Patient signature and date

Primary Care Physician signature and date