



Carolina Neurology  
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Practice Limited to Neurology  
Nerve Conduction Studies  
Evoked Potentials  
Sleep Disorder Studies  
Appointments by Referral

Controlled substance medications (i.e. Narcotics, tranquilizers, and barbiturates) are very useful, but have a high potential for misuse and therefore are closely controlled by the local state, and federal government. They are intended to relieve pain to improve function and /or ability to work, NOT simply to feel good. Because my physician is prescribing such medication for me to help manage my pain, I agree to the following conditions:

1. I am responsible for my controlled substance medications. If the prescription of medication is lost, misplaced, or stolen, or if I use it up sooner than prescribed, I understand that it will not be replaced.
2. I will not request or accept controlled substance medication from any other physician or individual while I am receiving such medication from my physician at Carolina Neurology. Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted in a hospital.
3. Refills of controlled substance medications:
  - a. Will only be made during regular office hours, Monday through Thursday between 9am-4pm, and Friday between 9am-12pm. Refills will not be made at night, on holidays, or weekends.
  - b. Will not be made if I "run out early", "lose a prescription", "spill or misplace my medication". I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.
  - c. Will not be made as an "emergency", such as Friday afternoon because I suddenly realize I will "run out tomorrow". I will call at least twenty-four (24) hours ahead if I need assistance with a controlled substance medication prescription.
4. It may be deemed necessary by my doctor for me to see a medication use specialist at any time while I am receiving controlled substances. I understand if I do not attend this appointment that my medications may not be continued or refilled beyond a tapering dose completion. I understand that if this specialist feels I am at risk for psychological dependence (addiction) that my medications will no longer be refilled.

**Please Sign Third (3rd) Page**

**Poisons and Controlled Substances 44-53-100****44-53-395. Prohibited acts; penalties**

(A) It shall be unlawful:

(1) for any practitioner to issue any prescription document signed in blank. The issuance of such document signed in blank shall be prima facie evidence of a conspiracy to violate this section. The possession of prescription document signed in blank by a person other than the person whose signature appears there on shall be deemed prima facie evidence of a conspiracy between the possessor and the signer to violate the provisions of this section.

(2) for any person other than a practitioner registered with the Department under this article to possess a blank prescription not completed and signed by the practitioner whose name appears printed thereon.

(3) for any person to withhold the information from a practitioner that such person is obtaining controlled substances of like therapeutic use in a concurrent time period from another practitioner.

(B) Any person who knowingly and intentionally violates this section a first time shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a term of imprisonment for not more than two years or by a fine of not more than two thousand dollars, or both. Any person who knowingly and intentionally violates this section a second time shall be deemed guilty of a felony and upon conviction shall be punished by a term of imprisonment for not more than five years.

**44-53-390. Prohibited acts C; penalties**

(a) It is unlawful for any person knowingly or intentionally:

(1) to distribute as a registrant a controlled substance classified in Schedules I or II except pursuant to an order form as required by 44-53-350.

(2) to use in the course of the manufacture or distribution of a controlled substance a registration number which is fictitious, revoked, suspended, or issued to another person.

(3) to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge.

(4) to furnish false or fraudulent material information in, or omit any material information from, any application, report, or other document required to be kept or filed under this article, or any record required to be kept by this article.

(5) to make, distribute, or possess any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any other than foregoing upon any drug or container or labeling thereof so as to render the drug a counterfeit substance.

(6) to distribute or deliver a non controlled substance or an imitation controlled substance.

5. I agree to comply with random urine, blood, or breath testing documenting the proper use of my medications as well as confirming compliance. I understand that driving a vehicle may not be allowed at times while am taking controlled substances and that it is my responsibility to comply with the laws of the state while taking the medication prescribed.

6. I understand that if I violate any of the above conditions, my controlled substance prescriptions and/or treatment at Carolina Neurology may be ended immediately. If the violation involves obtaining controlled substances from another individual, as described above, or the concomitant use of nonprescription illicit (illegal) drugs, I may also be reported to my physician, medical facilities, and other appropriate authorities.

7. I understand that the main treatment goal is to improve my ability to function and/or work and/or reduce pain. In consideration of that goal and the fact that I am being given potent medication to help me reach that goal I agree to help myself by the following better health habits: exercise, weight control, avoiding the use of tobacco and alcohol. I must comply with the treatment plan as prescribed by my doctor. I understand that only through following a healthier lifestyle can I hope to have the most successful outcome to my treatment.

8. I understand that the long-term advantages and disadvantages of chronic opioid use have yet to be scientifically determined and that treatment may change throughout my time as a patient at Carolina Neurology. I understand, accept, and agree that there may be unknown risks associated with the long-term use of controlled substances and that my physician will advise me as knowledge and training advances and will make appropriate treatment changes.

I have been fully informed by Dr. Kooistra and Dr. Nichols and their staff regarding psychological dependence (addiction) of a controlled substance, which I understand is rare. I know that some persons may develop a tolerance, which is the need to increase the dose of the medication to achieve the desired effect, and I do know that will become physically dependent on the medication. This will occur if I am on the medication for several weeks, and when I stop the medication, I must do so slowly and under medical supervision or I may have withdrawal symptoms.

I have read this contract and the same will be explained to me by Dr. Kooistra/Nichols and/or their staff. In addition, I fully understand the consequences of violating this contract.

**In addition, I state that I can and understand the ENGLISH language.**

**I have completed the College grad grade.**  
*BSN*

1-5-02  
Date

*Stephanal Green*  
Patient's Signature

*Budget Gots*  
Witness Signature