



**Murray & Associates Family Healthcare**

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## **PATIENT/PROVIDER AGREEMENT FOR CONTROLLED SUBSTANCES**

The prescribing of controlled substances has presented recent changes in Florida Law. Limited quantities will be prescribed in family practice. Our goal is to prescribe controlled substances when deemed necessary and/or when other treatment modalities have been suggested and implemented.

Any patient requiring chronic pain management whether stated, as a new patient to the practice or history of recurrent quantities through our Florida E-FORSCE database will be referred to the appropriate specialist i.e. pain management. We take your health into consideration and believe this policy will result in the best outcomes for all our patients.

**I agree to the following:**

I am solely responsible for my medicine, which includes not sharing, selling, or self-increasing until speaking with my provider or nurse.

I must see my provider for refills face-to-face within no less than two (2) months prior to obtaining refills.

If medication is reported lost, stolen or used sooner than the anticipated date of refill, I understand that it will not be replaced.

I agree to give a blood or urine sample, if asked, to test for prescribed medication.

### **Refill Policy:**

Request for controlled substances will be made *only during regular office hours, Monday through Thursday from 9:00am to 4:00pm. No refills on FRIDAYS, nights, holidays, or weekends.* I must call at least three (3) working days ahead (Monday-Thursday) to ask for a refill of my medicine. **NO EXCEPTIONS WILL BE MADE.**

Pharmacy: I will choose one pharmacy and avoid using multiple pharmacies to obtain controlled substances.

Prescriptions from other providers: If I see another provider who prescribes a controlled substance medicine (for example, a dentist, surgeon, or hospital) I must notify Murray & Associates' office within 72 hours (3 days) and I will be required to give the provider's name, telephone number and medical reason for controlled substance.

Termination of Agreement: If I violate any of these rules, I understand that Murray & Associates Family Healthcare will provide two (2) weeks written notice to discharge me from the practice.

**I have read and completely understand the above agreement.**

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Patient signature/date

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Provider signature/date