

# Opioid Medication Treatment Agreement

I understand that I am receiving opioid medication from Dr. \_\_\_\_\_ to treat my pain condition.  
I agree to the following:

1. I will not seek opioid medications from another physician. Only Dr. \_\_\_\_\_ will prescribe opioids for me. ***I understand that double doctoring for opioid medication is a criminal offence.***
2. I will not take opioid medications in larger amounts or more frequently than is prescribed by Dr. \_\_\_\_\_.
3. I will not give or sell my *opioid* medication to anyone else, including family members; nor will I accept any opioid from anyone else.
4. I will not use over-the-counter opioid medications such as 222's and Tylenol No.1.
5. I understand that if my prescription runs out early for any reason (for example, if I lose the medications, or take more than prescribed), Dr. \_\_\_\_\_ will not prescribe extra medications for me; I will have to wait until the next prescription is due.
6. I will fill my prescriptions at one pharmacy of my choice; pharmacy name and location:  
\_\_\_\_\_.  
I understand that a copy of this contract will be forwarded to this pharmacy.
7. I will store my medication in a secured location.
8. I agree to come in for random appointments for pill and/or patch counts of my opioid prescriptions.
9. I agree to random urine drug screens.
10. If on fentanyl patches:
  - (a) I agree to return used patches to my pharmacy on the fentanyl patch return sheets provided by my pharmacy.
  - (b) I understand that if the used fentanyl patches are not returned to the pharmacy, the pharmacist will contact Dr. \_\_\_\_\_ to determine whether a refill can be issued.
  - (c) If Dr. \_\_\_\_\_ is not available to speak to the pharmacist, one fentanyl dose will be dispensed until Dr. \_\_\_\_\_ can be contacted.
  - (d) If the fentanyl patches are returned to the pharmacy in an altered state, the police will be contacted.

I understand that if I break these conditions, Dr. \_\_\_\_\_ may choose to cease writing opioid prescriptions for me.

Sincerely,

Patient Name

*Adapted with the permission of the Cottage Country Family Health Team*

