

Missouri Spine Institute, LLC

Prescription Medication Policy

Effective: January 19, 2015

Dear Patient(s):

Thank you for choosing Missouri Spine Institute, LLC for your medical needs. We are confident that you will be very satisfied with the care that you are provided. We ask that you please review the following information in regards to our office policy(s) concerning prescription medications; specifically narcotic pain medications.

Our office strives to provide the best service and care possible to our patients. However, it is our primary responsibility to protect patients from potentially harmful situations. Selective dispensing and close monitoring of narcotic pain medications is an integral part of providing safe, effective treatment to our patients.

- Due to recent changes in drug schedules, narcotic pain medications are no longer able to be called into the pharmacy by telephone/fax. A handwritten prescription **MUST** be presented to the pharmacy in order to have a narcotic pain medication filled.
- **ALL REFILL REQUESTS FOR NARCOTIC PAIN MEDICATIONS WILL REQUIRE 5 BUSINESS DAYS TO BE PROCESSED.** Please make sure you monitor how many pills you are using per day and allow ample time for us to process your refill request.
- When leaving a message for a refill request, please make sure to include your Full Name, DOB, Prescription Name, Dosage, Frequency, and Preferred Pharmacy Information.
- Our practice is NOT a pain management clinic. We do not typically dispense narcotic pain medications to non-surgical candidates. The use of narcotic pain medications requires careful monitoring by a physician and frequent follow-ups to address any medication issues. As we do not see our non-surgical patients on a routine or scheduled basis, we are unable to provide safe monitoring of narcotic pain medications and generally refer these patients to a pain management physician or their primary care provider.
- Surgical patients will be provided pain and comfort medications following their surgery with Dr. Spears. Typically these medications include: a pain mediation, a muscle relaxer and in some instances an anti-inflammatory medication. Depending on what procedure you have performed, you and Dr. Spears will develop a plan of how long you will be provided these medications. If the use of these medications is necessary after a specific time period you will be referred back to your primary care physician for them to provide these medications as they deem necessary.

We greatly appreciate your cooperation with our policies. If questions or concerns should arise please do not hesitate to contact our office at 573-635-0401.

Sincerely,

Missouri Spine Institute, LLC



I, _____, have carefully read and clearly understand Missouri Spine Institute's Prescription Medication Policy. As a patient of this clinic, I agree to cooperate in full with these policies. I understand that any abuse or non-adherence to these policies will not be tolerated and may lead to dismissal from the practice.

Signed: _____ Date: _____