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## Kym Orthopedics Pain Medication Policy and Agreement

The purpose of this agreement is to outline the process for the prescribing of pain medication through our office. The agreement is intended to help both the patient and provider comply with laws regarding controlled substances.

1. I understand that pain medication coming from Kym Orthopedics, PLLC will be prescribed on a short-term basis only, typically no longer than 3-6 weeks. This medication intended to help manage acute pain related to surgical procedures or acute orthopedic injuries as determined by the provider. Pain medication will not be prescribed for chronic health conditions.
2. I understand that there is a risk of physical dependence when taking any opioid pain medication.
3. I agree to take the medication as prescribed and if I run out early, I understand that this may result in my being without pain medication for a period of time. I also understand that I do not have to take the pain medication if I do not need to reduce the level of pain that I am having. Overdose of narcotic pain medication can cause death.
4. I understand that opiate pain medication can cause drowsiness, sedation or dizziness. I will not operate machinery or drive a motor vehicle as this can jeopardize my or someone else's life.
5. I understand that pain medication will only be refilled during regular office hours. Refills will take 24-48 hours' notice to be refilled. There will be no refills during evenings or on weekends.
6. Misplaced, lost or stolen medications will not be refilled.
7. I will not share, sell or trade my medication with anyone.
8. I agree that all pain medication will be prescribed by only one doctor and I agree to fill these prescriptions at only one pharmacy.
9. I agree to attend all required follow-up visits. Failure to do so will result in discontinuation of any pain medication prescriptions.

I agree to comply with the above guidelines and failure to do so will result in termination of prescribed pain medication and may result in discharge from the practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_