

CENTRAL ARKANSAS PAIN CENTER

- **Medication changes will be made only with the physician. Medications will not be changed on refill with the nurse practitioner.**
- **Prescriptions will not be mailed to your home.**
- **Prescriptions will not be filled after hours, weekends or holidays. Remember we are closed on major holidays.**
- **If the pharmacy fills your medication early it will not change your due date the next month.**
- **Refills will not be given early if you take more medication than prescribed.**
- **You are responsible for your prescriptions and medication. If lost, stolen, or misplaced we will not give a replacement prescription.**
- **Pharmacy: _____ . You will use only the pharmacy listed to fill all medications.**
- **If you do not keep your appointments or follow your plan of treatment, you are at risk of your medication being stopped or being terminated as a patient from the clinic.**
- **Random urine or blood drug screens will be performed to document the proper use of your medication, as well as to confirm your compliance.**
- **The physician has the right to refer you to your Primary Care Physician for Med Management.**

Patients Signature: _____ Date: _____

Witness Signature: _____ Date: _____