

OSBORNE ORTHOPEDIC GROUP, INC.

NARCOTIC PRESCRIPTION POLICY

Due to the possibility of chemical dependency upon these medications, Osborne Orthopedic Group, Inc. requires you to submit to the following policy:

I agree that the doctor has the right to decide what pain medication is best for me.

If the doctor prescribes a narcotic pain medication for me, I agree that I will not seek another narcotics prescription from any other doctor.

I understand that if I do obtain another narcotics prescription from an additional doctor at the same time I am using Dr. Osborne's narcotic prescription, Dr. Osborne will no longer give me that medication.

If you are getting surgery, you may get no more than 1 narcotic prescription pre-operatively and 2 prescriptions post-operatively.

(Patient's Signature)

(Date)

(Printed Name)