

**MEDICATION POLICY  
GULF COAST SPINE CARE LTD.,PA**

**The physician and staff of Gulf Coast Spine Care Ltd., PA are concerned with your comfort and safety. We realize that the discomfort caused by back injuries can be quite distressing, and we want all our patients to experience minimal pain.**

The medication policy at Gulf Coast Spine Care Ltd., PA is designed to enhance patient safety and the appropriate utilization of medication.

- No medication will be refilled by phone. Your doctor will prescribe enough medication for you until your next visit. Please do not call for prescription refills or changes in medication, as they will not be renewed or changed by phone.
- If, however, you are having complications with your medication such as allergic reactions, including skin rashes or itching, call 713-523-8884. Be sure to leave a phone number where you can be reached.
- When pain medication must be used, it is important for you to monitor your medication use and anticipate how much medication you may need in the weeks ahead.
- If you are having problems controlling your pain on the medication the doctor prescribed, then schedule a follow-up doctor visit. Call 713-523-884. You may see a different physician who can address your medication needs.

We have established certain guidelines concerning the use and prescription of pain medication. Despite our desire to relieve your pain; we also recognize that most pain medications carry the potential for addiction, habitual and unintentional abuse. It is, therefore, our policy that patients should have only the minimum amount of medication possible.

Further, we recognize that many patients have pain for months or even years. Thus, a large part of our pain control strategy is to help you learn other ways of controlling pain so you do not become dependent on drugs.

Our policy is designed to balance the needs of pain relieve with the risk of medication.

If you have any questions concerning our philosophy on the use of medication or questions about these guidelines, please discuss these with your doctor or physician's assistant.

I, \_\_\_\_\_, understand the policies of Gulf Coast Spine Care Ltd., PA regarding medication, prescriptions, and refills. I have also been advised and understand the potential complications of medications.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

