

Family Practice of Suntree and Viera, P.A.

Frank G. Ditz, M.D

2 Suntree Place Melbourne, FL 32940

Phone (321)253-3944, Fax (321)253-4990

CONTROLLED MEDICATION POLICY

Print Name

Date of Birth

Prescription history is required and requested with our electronic medical records. The history is pulled from outside pharmacies, healthcare and/or insurance plans and the State of Florida prescription drug monitoring program. If you are taking a controlled medication, you have agreed to receive the treatment for this chronic ailment and you will be provided with enough medication on a monthly basis. Controlled medications cannot be **“called in”** and require a monthly scheduled appointment for refills. The state of Florida changed the rules and laws pertaining to controlled medications to prevent **“Pill Mills”**, **Florida Rule 64B8-9.013**

By signing below, you acknowledge and agree that:

- (1) I have read and fully understand the Physician/Patient Informed Consent and Agreement for long-term controlled medication therapy for treatment;
- (2) I have been given the opportunity to ask questions about the proposed treatment (including no treatment), potential risks, complications, side effects, and benefits;
- (3) I knowingly accept and agree to assume the risks of the proposed treatment as presented;
- (4) I agree to submit to scheduled or random urine and/or blood testing to monitor the levels of my medication or other drugs in my system. I also understand that other doctors and law enforcement may be notified of these results.
- (5) The controlled medication prescribed to me may be discontinued immediately and I may be discharged from the practice for: **A.** my prescribed medication not being identified or traced in my testing, **B.** medication abuse, and/or obtaining and using **C.** street drugs that will be checked in my urine and/or blood testing.
- (6) If/After testing positive for non-prescribed medications, negative for my prescribed medications or positive for street drugs by urine, I will have **(1) One** opportunity to go to an outside laboratory (Quest, Labcorp, Wuesthoff,etc) within 24 hours to obtain a blood/urine drug test to confirm or deny drug abuse. If the test is positive for abuse, we reserve the right to you discharge you from the practice immediately or continue to treat you for medical/health maintenance or sick visits. Controlled medications will no longer be prescribed.
- (7) I agree to abide by the terms of this agreement.

Signature of patient or responsible party if minor

Date

Office Staff Witness Signature

Date

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APPOINTMENT and CANCELLATION POLICY

Appointments are reserved especially for you. The medical provider makes every effort to schedule times that accommodate your needs. Any changes in the schedule greatly affect our patients and maybe preventing another patient from getting the much needed medical treatment. Because we want to offer appointments to all of our patients who need them, patients that fail to provide **24 hours' notice** before canceling their appointment, you will be charged a fee of **\$25.00 that is not covered by your insurance**. If you are over 15 minutes late for your scheduled appointment, we will have to reschedule your appointment.

My signature below indicates that I have read and agree to abide by the terms of this agreement.

Signature of patient or responsible party if minor

Date

MEDICATION POLICY

Family Practice of Suntree and Viera 24 hours' notice for ALL prescription refills and any refill request is subject to the provider's approval. Under NO circumstances will prescriptions be refilled on weekends and/or holidays and will be filled the next business day.

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Signature of patient or responsible party if minor

Date