



**Abhishiek Sharma, MD**  
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### Pain Management Agreement

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Atlas Neurosurgery and Spine Center and I understand that the primary goal of care is to improve my neurological function and/or prevent further deterioration. Therefore, I agree to practice habits to improve my Neurological and spine health including but not limited to smoking cessation, maintaining a healthy body weight and exercise. I understand and acknowledge that Atlas Neurosurgery and Spine Center is not a pain management clinic and is not responsible for treating my pain. However, pain medications i.e. narcotics, barbiturates, muscle relaxants, etc are prescribed for post-operative pain control for a period of up to 4 weeks post-operatively in accordance with the following:

- Opioids are used to treat acute and chronic pain with a goal to improve one's quality of life. The goal should be to not take the medication at all, or to stop taking it after no more than three days. Once the pain is tolerable and you no longer need the opioid, you should dispose of them in a secure location as found on the AZ Department of Health Services safe. It should be understood that sharing or selling left over opioids is against the law. You should not operate a motor vehicle or heavy machinery while taking these medications. Instead of opioids, other over the counter agents such as acetaminophen or ibuprofen as advised by me physician could be used to control pain.
- A prescription for a controlled substance may not be provided if another active prescription is identified in AZPMP.
- Chronic pain patients will discuss their post-operative pain regimen with their primary pain management physician to avoid multiple prescriptions for controlled substances. They will obtain a regimen for post-operative pain control from their primary pain physician.
- I agree not to request, accept or solicit a prescription for a controlled substance while an active prescription exists from a healthcare practitioner at Atlas Neurosurgery and Spine Center.
- I understand that a refill of controlled prescriptions may be requested through clinic during hours of 8am to 5pm during a routine weekday in the immediate post-operative period only. The prescription will be provided electronically to the pharmacy on file in 72 hours' time.
- I understand that a violation of any of the above conditions may result in an immediate termination of the controlled substances prescription and potential treatment with Atlas Neurosurgery and Spine Center.

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- I also give Atlas Neurosurgery and Spine Center permission to obtain a list of medications and controlled substances that I am currently taking.
- By signing this, I understand the potential for significant side effects or risks including but not limited to withdrawal symptoms of severe pain, abdominal cramps, muscle aches, joint aches, nausea, diarrhea, sweating, headaches, restlessness, irritability, discontent and cravings for more opioids. In addition, tolerance is state of adaptation in which using a drug routinely may lead to a reduction in ability to control pain over time and need for higher doses to deliver same pain control. Furthermore, addiction can occur in 5-10% of patients taking pain medications, even if they have never previously experienced an addictive disorder. Lastly, drinking alcohol and/or combining opioids with other medications (including but not limited to sedatives such as benzodiazepines, sleeping aides such as Ambien or Lunesta, and certain other psychiatric medications) increase the likelihood of death by overdose markedly.
- Other side effects include constipation, sedation, slowed or cessation of breathing, impaired judgment, impaired ability to drive, decreased libido and function. Taking opioid medications while pregnant (or if one becomes pregnant while taking opioids) may lead to a condition known as neonatal abstinence syndrome, where the newborn is dependent on opioids and go through life threatening withdrawal upon birth.

\_\_\_\_\_  
Name of Patient/Legal Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date