TREATMENT COMPLIANCE CONTRACT

Dr. Sood and the staff at Spine & Orthopedic Center are making a commitment to work with you in your efforts to get better. To help you in this work we agree that we will help you schedule regular appointments for medicine refills. If we have to cancel or change your appointment for any reason, we will make sure you have enough medication to last until your next appointment. We will make sure that your treatment is as safe as possible by checking regularly to make sure you are not having any adverse side effects. We will keep track of your prescriptions and test for drug use regularly so you are being monitored well. We will help set treatment goals and monitor your progress in achieving those goals. We will work with any other doctors or providers you are seeing so that they can treat you safely and effectively.

I, _____(print name), understand and voluntarily agree that:
(initial each statement after reviewing)

_____I will refrain from going to the ER and seeking pain medications, except in the event of an acute emergency.

_____ I will advise Spine & Orthopedic Center in advance if any acute situations arise that require other physicians to prescribe pain or controlled medications.

_____ I will cooperate with urine drug screens or family conferences when asked to do so. I understand this may be needed to further evaluate my medical condition and response to these drugs.

_____ I will refrain from using illegal drugs/substances.

_____ I will comply with my recommended treatment plan. ***If you do not agree with your treatment plan, it must be discussed with the treating physician.

_____ I will attend all scheduled appointments (prescription refill, injections, and physical therapy).

_____ I understand that if I violate any of the above information my treatment at Spine & Orthopedic Center may be ended immediately.

_____ I will refrain from being disrespectful to staff.

I have read the contract and I fully understand the consequences of violating any of the information listed.

Patient Signature: _____ Date: _____

Dr. Rajiv Sood
1287 GA Hwy 138 Spur Rd., Ste. 8 Jonesboro, GA 30236 – PH: 770-473-0038 – FX: 770-471-4290