

**YUNG C CHEN, MD**  
**SPINE & MUSCULOSKELETAL MEDICINE \* PHYSICAL MEDICINE & REHABILITATION**  
334 North San Mateo Drive, San Mateo, CA 94401\*TEL 650-558-1802\* FAX 650-558-1806

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DATE:

PATIENT:

**MEDICATION/OPIATES AGREEMENT**

- I accept care by Dr. Yung Chen for treatment of my pain including the use of narcotic, anxiety and/or muscle relaxant medications.
- I understand that using those medication(s) can be **habit forming** and acknowledge that the prescribed medication may expose me to risks of **addiction, abuse, and misuse, life-threatening respiratory depression, and neonatal opioid withdrawal syndrome (if pregnant)**.
- **No operation of heavy equipment/driving** while under the usage of medications until side effects are known.
- I will control my usage of muscle relaxant and narcotic medication as directed by the attending physician. There are **NO EXCEPTIONS**. If medication is inadequate for your pain level, you **MUST** call before adjusting dosage. Escalation of use of the narcotics/muscle relaxant is reason for **immediate termination** of narcotic therapy.
- I agree to follow instructions ordered by Dr. Chen, which may include participation in pain management instructions/class, psychological counseling, exercise, physical therapy etc.
- I agree **not to seek** any narcotics/pain medication from any other physician other than the physician named above. I will inform my other physicians of this drug agreement and request they coordinate any and all narcotics/pain medication with Dr. Chen.
- I agree and will see Dr. Chen **regularly, every four to six weeks** to assess outcome of the medications and for **refill medication(s) IN PERSON**.
- I will manage my medication to prevent shortage prior to the scheduled refill date and I will schedule appointments with Dr. Chen for refill **TWO WEEKS** before “running out of medication(s)”.
- I understand that I am responsible for my medication. **Medication lost, stolen, damaged, pet consumption, or misplaced for any reason will NOT be replaced. Police report (fire, water damage, stolen medications) is required for refills.**
- **Asking Pharmacy to fax or call repeatedly for refill is NOT ACCEPTABLE.**
- **Calling Dr. Chen Weekday evenings and Weekends for refill is NOT ACCEPTABLE.**
- **Repeated phone calls to obtain additional medications will not be tolerated, and may result in my discharge from this clinic.**
- I understand that am required have a primary doctor in order to receive medication refills from Dr. Chen.
- It is my responsibility to **check my kidney and liver function regularly, every 6 months**, by my primary doctor and provide the lab results to Dr. Chen every 6 months.
- I give permission for Dr. Chen to request any and all pharmacy records from the pharmacist or insurance carrier, as they deem necessary.
- I agree to use a single pharmacy for my narcotic/pain medications, listed below.
- For my safety, I agree and give permission to Dr. Chen and/or his staff to **obtain urine or blood drug screening tests routinely and randomly** as deemed necessary. I agree not to mix narcotics with any street/illegal drugs. If tested positive, urine analysis may be performed on a routine basis.
- **I understand that I am subject to random screenings through the Department of Justice for medication consistency. Inconsistent Department of Justice report and inconsistent random urine screening will result in my discharge and discontinuation of narcotics refills from San Mateo Spine Center.**
- If tested positive for any street/illegal drug (i.e. marijuana, cocaine, etc.) I understand that I will **NOT** be given any medications during my visit and will need to be re-scheduled for my medication refill. I understand my insurance will be charged for the test and I will be responsible for any remaining charges.

Patient Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Pharmacy \_\_\_\_\_ Telephone \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Guardian/Translator: \_\_\_\_\_