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CHRONIC OPIOID THERAPY IN NON-MALIGNANT PAIN

LETTER OF UNDERSTANDING

This letter of understanding is being undertaken between _____ (the patient), and Dr. _____ (the doctor), to define the responsibilities of the patient regarding treatment of a chronic pain problem, using opioid analgesics.

1. The patient hereby agrees that this trial of treatment has been explained to him/her in terms of the purpose, the side effects of the medication and the risks of this treatment.
2. In particular, the patient understands that using opioids to treat chronic pain will result in the development of a physical dependence on this medication, and that sudden decreases or discontinuation of the medication will lead to the symptoms of opioid withdrawal. The patient understands that opioid withdrawal is uncomfortable but not a physically life threatening process.
3. The patient agrees not to change the dose or the frequency of taking their medication without first consulting the doctor, and to follow-up with the doctor as an outpatient, on a prescribed basis, for monitoring of the treatment.
4. The patient agrees to keep the prescribed medication in a safe and secure place and that lost, damaged, or stolen medication will not be replaced until the next regularly scheduled visit.
5. The patient agrees not to give, sell, lend, or in any way provide his/her medication to any other person, nor to obtain medication from anyone but a licensed pharmacist.
6. The patient agrees not to seek, obtain, nor use ANY pain medication or mood-modifying medication from ANY other physician, without first discussing this with the doctor.
7. In patients taking chronic opioid therapy, there is a small but definite risk that opioid addiction can occur. Almost always, this occurs in patients with a history of other substance abuse, Therefore, the patient agrees to refrain from the use of ALL other mood-modifying drugs, including alcohol, with the exception of nicotine and caffeine, unless prescribed by a physician and agreed to by the undersigned doctor. The patient agrees to submit to random urine and/or blood testing at the doctor's request to verify this.
8. As part of this treatment program, the patient agrees to attend and participate fully in other chronic pain treatment modalities, which may be recommended by the doctor.
9. The patient agrees that he/she is to go to only one pharmacy. Should there be one deviation the patient will be discharged.

The patient understands that ANY deviation from the above conditions can be grounds for Dr. _____ to discontinue this form of treatment.

Signed at _____ on _____, 20_____.

(patient)

(witness)