

Quality Medicine LLC

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“The Rules”

For Controlled Substances:

(E.g. Suboxone, Subutex, Oxycodone, Oxycontin, Vicodin, Percocet, Morphine Sulfate, Klonopin, Adderall, etc..)

I will (read and initial each):

- 1) Keep my medicine in a safe (locked) place, protected from my family, children, friends, criminals and/or co-workers. _____
- 2) Not receive any controlled medication/illicit drugs from any other prescriber or the “street”. Any concerns need to be discussed with Dr. Curtice. _____
- 3) Use my medication as directed or less than prescribed, but never more unless discussed with Dr. Curtice. **There are no early refills.** _____
- 4) Discuss any concerns of potential abuse of medications, addiction, overuse, and/or side effects with Dr. Curtice. _____
- 5) I will keep my scheduled appointments and come in for random pill counts and drug screens as requested within 24 hrs. If unable, must discuss with Dr. Curtice directly. _____
- 6) Inform our Staff or Dr. Curtice if they have knowledge of abuse or diversion of controlled substances connected with our or any other practice. _____
- 7) Not commit acts of omission of vital information, behave aggressively, or be dishonest with our staff or Dr, Curtice. These actions will not be tolerated and will result in a referral to a higher level of care and/or discontinuation of controlled substances. _____
- 8) Attending monthly meetings with a qualified therapist is required for Suboxone patients and strongly recommended for our chronic pain management patients. _____
- 9) Not drive or do any other potentially dangerous activities if you are or feel under the influence of any medication including cannabis. You promise to be safe at all times _____

Any information this office obtains regarding illegal activity will be reported to the proper authorities. I have read, understand and will abide by these rules.

Patient Signature

____/____/____
Date

Printed Name

____/____/____
DOB