

Scott L. Baranoff, MD, FACS
Joseph V. Candela, MD, MPH
Vijay Goli, MD, FACS
Victor E. Grigoriev, MD, FACS
Steven B. Kurtz, MD

R. David Larsen, MD, FACS
O. Alex Lesani, MD
Lawrence H. Newman, MD
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Jeffrey M. Zapinsky, MD, FACS



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Opioid (Narcotic) Consent Form and Management Agreement

This consent and agreement for treatment between the undersigned patient and prescribers at Las Vegas Urology, is to establish clear conditions and consent for the prescription and of use of pain controlling opioid medications or other controlled substances prescribed by the healthcare provider for the patient.

These medications are being prescribed only for treating pain. Along with medications, other medical care may be prescribed to improve the ability to do daily activities. This may include exercise, use of non-opioid analgesics (i.e. acetaminophen, ibuprofen, etc.), physical therapy, psychological evaluation/counseling, weight management, classes on managing pain, or other beneficial therapies for treatment.

The Patient agrees to and accepts the following conditions for the management of pain medication prescribed by the Physician/Physician Assistant for the patient. Failure to comply with the conditions in this agreement may result in the medication being discontinued and possible terminating of the prescriber/patient relationship.

I understand that a reduction in the intensity of my pain AND improvement in my daily life functions are the goals of this program. Should it become evident that these goals are not being met with the use of pain medications, I understand the medications may be weaned and or discontinued.

1. I must comply with the following guidelines:
 - a. I will take the prescribed medication at the dose and frequency prescribed.
 - b. EARLY refills may not be given.
 - c. I will not attempt to get pain medication from any other healthcare provider.
 - d. I will obtain all medications from one pharmacy.
 - e. I will consent to random drug screening at the provider's request. Unexpected results may result in changing or discontinuing my medications.
 - f. I agree to bring my pain medication into the office to be counted if requested.

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4. I understand that opioid antagonists (antidotes) are available at pharmacies in Nevada without a prescription. These include medications such as naloxone (Narcan®) nasal spray.

I have read the above and have had all my questions answered. I know that pain can be managed with many types of treatments. I understand that I am receiving this drug for short term pain relief and consent to receive the drug and understand the possible risk of tolerance and/or dependency with the prolonged use of this drug. I consent to the treatment and agree to use the medication as prescribed by my physician.

Patient Signature _____ Date _____

Print Patient Name _____ Date of Birth _____

Witness (receipt of copy of agreement): _____