

**CAPITAL NEUROLOGICAL SURGEONS**

1430 22<sup>nd</sup> Street  
Sacramento, CA 95816  
(916) 453-0911

**INFORMED MEDICATION POLICY**

*Please read this form in its entirety.  
Please initial each paragraph after you have read it.*

The purpose of this agreement is to prevent misunderstandings about Capital Neurological Surgeons policy. This agreement is to help you and your provider to comply with all regulations regarding controlled pharmaceuticals.

*Please read this form in its entirety. Please initial each paragraph after you have read it.*

\_\_\_\_\_ If I am currently under a pain management contract with another physician, I will have my pain medications pre-arranged and managed by that physician prior to surgery.

\_\_\_\_\_ If I am found to be in violation of my current pain contract with another provider, I understand Capital Neurological Surgeons reserves the right to discontinue providing pain medications.

\_\_\_\_\_ I understand that Capital Neurological Surgeons does not provide or manage pain management contracts.

\_\_\_\_\_ I understand that Capital Neurological Surgeons will **ONLY** prescribe - Schedule II narcotics (Vicodin, Norco, Percocet, etc.) or Muscle Relaxants (Valium, Flexeril, etc.) for 90 days **ONLY** after a surgical procedure.

\_\_\_\_\_ I understand that Capital Neurological Surgeons follows the California Medical Association guidelines, only providing a five day supply of Schedule II narcotics at a time.

\_\_\_\_\_ I understand that Capital Neurological Surgeons will only dispense two refills after my surgical procedure. If a third refill is requested, a visit in person with my provider is required for re-evaluation.

\_\_\_\_\_ I understand that each insurance company has different medication policies and that Capital Neurological Surgeons CANNOT change these plan specific policies or ensure medications are covered by insurance.

**I CONSENT TO THE ABOVE POLICY**

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
PATIENT'S SIGNATURE