



# His Branches Health Services

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## CONTROLLED SUBSTANCE PRESCRIPTION POLICY

It is the policy of His Branches Health Services providers not to prescribe highly addictive pain medications, including Narcotics or other similar Controlled Substances, to patients who are new to the practice.

**Please review the following list and complete one of the two statements below, EITHER A. or B.**

### Opiate Pain Medications

- Codeine (Tylenol #3/#4)
- Fentanyl (Duragesic)
- Hydrocodone (Vicodin, Lortabs)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine
- Oxycodone (Oxycontin, Percocet)
- Oxymorphone (Opana)
- Suboxone
- Tramadol (Ultram)

### Tranquilizers

- Alprazolam (Xanax)
- Benzodiazepines
- Clorazepate (Tranxene)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Flurazepam (Dalmane)
- Lorazepam (Ativan)
- Oxazepam (Serax)
- Temazepam (Restoril)
- Triazolam (Halcion)

### Sedatives

- Amobarbital (Amytol)
- Barbiturates
- Butobarbital
- Eszopiclone (Lunesta)
- Pentobarbital (Nembutal)
- Secobarbital (Seconal)
- Zolpidem (Ambien)
- Zaleplon (Sonata)

### **A. ATTESTATION STATEMENT: Controlled Substance Prescription Policy**

I understand that it is the policy of His Branches Health Services providers not to prescribe highly addictive pain medications, including Narcotics or other similar Controlled Substances, to patients who are new to the practice.

**By signing below, I attest that I am not currently taking nor will I be seeking prescription renewals for any of the medications on your list, or any others similar to them.**

Signed: \_\_\_\_\_ Full Name (Print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**OR**

**B. EXCEPTION REQUEST:** I am taking a medication on your list and request consideration for an exception to your Prescription Policy for the following reasons:

Medication: \_\_\_\_\_

Why I believe my situation should have an exception: (use back of page if needed)