



NOTICE OF PAIN MANAGEMENT PRACTICES

Our primary care physicians and internal medicine specialists are here to provide you and your family with continuing, comprehensive, primary care. Our approach to healthcare is not simply the treatment of a particular illness, but with a focus on prevention, health education and the well-being of the family as a whole.

With regard toward the treatment of pain, we treat acute pain related to a new injury or illness. Such treatment will be limited to identifying the source of the pain, short-term treatment and recovery. Due to recent changes in Florida law, prescribing pain medications has been severely limited. We can only prescribe pain medication for acute pain up to 3 days. A one-time exemption can be provided for pain medication up to seven days if pain is severe. Florida law requires that we monitor the State's Database (EFORSCE) before prescribing any pain medications.

Providing pain medication for chronic conditions requires a contract between the physician and the patient and frequent monitoring to assure that these medications are not abused. If you are a new patient requiring pain medication for chronic pain, it is our expectation that you will be under the care of a specialist focused on managing pain, such as a pain management specialist, psychiatrist or neurologist. The only exception is for the patient requiring pain management for cancer, terminal conditions or the Hospice patient, requiring pain management at the end-of-life. Under certain conditions, after extensive review of your medical history, the physician may provide pain medication(s) under contract for chronic conditions. In these circumstances, it is imperative to follow the conditions of your contract and to avoid obtaining controlled substances from other prescribers.

The goal of our practice is to provide quality healthcare for you and your family. Thank you for giving us the opportunity to be your healthcare partner.

I have been informed of and understand the pain management practices of Physician Partners.

Patient Name _____ DOB: _____

Patient Signature

Date/Time