

**Southwest Neurosurgical Associates
Andrew K. Metzger, M.D.
Jeffrey W. Haughton, PA
8080 Academy Rd NE Suite B
Albuquerque, NM 87111
505-244-0080 Fax: 505-244-9048**

DRUG CONTRACT

I _____ agree to the following.

- A. To fully inform Dr. Metzger or PA Haughton of **all** narcotic medications and/or controlled substances I receive from all other providers.
- B. To use the prescribed medication(s) as written and not to exceed dosage or frequency.
- C. To never ask for refills before their time, this includes protecting medication from loss or theft.
- D. That medication will not be filled or changed on the weekends.
- E. All requests for refills will be made between 8am and 4 pm Monday through Thursday and that **48 hours will be granted to the office to process the request.**
- F. To not ask another provider for pain medications/narcotic medications and/or controlled substances **without first informing our office of this request.**
- G. That 60 days after surgery, if narcotic medications and/or controlled substances are still needed, that an appointment will be made with a Pain Management provider to assist in pain control.

I acknowledge my responsibility for the above and agree to the above in order for Dr. Metzger to be my provider and prescriptive writer. Any infringement of this agreement will terminate those privileges.

X _____
Patient Signature

X _____
Date

Staff Witness

Date

Pt initial receipt of copy_____