**Controlled Substance Contract Specimen**

**(Please initial)**

1. You agree never to take MORE than your prescribed medication dose. \_\_\_\_\_\_
2. That you do not attempt to obtain controlled weight loss medications (or other stimulants like Ritalin or Dexedrine) from other providers during the time you are under our care. \_\_\_\_\_
3. That we are unable to replace, or 'exchange' lost or stolen or 'ineffective' medications no matter what the reason. \_\_\_\_\_\_
4. That we must wait until your current controlled substance prescription is DUE TO RUN-OUT before we can dispense more controlled substance. \_\_\_\_\_\_
5. The type and dosage of controlled weight loss medication prescribed to a patient is at the sole discretion of Dr. Amin, is based upon years of experience, education and accumulated knowledge and patients who consistently argue with or try to pressure Dr. Amin into prescribing doses or forms that she deems inappropriate, unsafe, or abusive will cause her to terminate care. \_\_\_\_\_\_\_
6. That we WILL obtain records from State [**"Prescription Monitoring Programs"**](http://www.nmpmp.org/) in California and other states before prescribing a controlled substance to a patient. \_\_\_\_\_\_
7. That we may discharge you from our care if there is substantial reason to believe that you are abusing or diverting medication. \_\_\_\_\_\_\_\_
8. That in some serious cases, we are required to report controlled substance problems to the State as described above. \_\_\_\_\_\_