



**COMPREHENSIVE
FOOT & ANKLE
CENTERS**

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Consent for Narcotics and Pain Medications

Patient Name: _____ Date ____ / ____ / 20 ____

Prescription: _____

Diagnosis: _____

1. I have been made aware of certain risks and consequences that are associated with the taking of narcotic pain medications. They are described in paragraph 2 such as, but not limited to, risk of addiction and dependence. I hereby acknowledge that I understand the information that has been given to me.
2. I understand that the explanation of the risks and consequences that I have received is no exhaustive and that other, more remote, risk and consequences may arise. I have been advised that these more remote risks and consequences will be explained to me upon request. I acknowledge that I have been given the opportunity to ask questions concerning this procedure and its risks and consequences, and my questions, if any, have been answered to my satisfaction.
3. I understand that this practice may randomly take a urine toxicology specimen to assure that I am taking the narcotic medications safely. The specimen will be sent to Pinnacle Laboratory Services. I also understand that the results from the toxicology report, abiding by HIPAA regulations, will not be shared with anyone else.
4. I acknowledge that I have read this document in its entirety and that I fully understand it and that all blank spaces have either been completed or crossed off prior to my signing.

Possible complications (all or many may apply):

1. Addiction
2. Intolerance to pain
3. Constipation
4. Nausea
5. Vomiting
6. Dizziness
7. Need for addition pain medication
8. Decreased protective sensation

I hereby state that I have read and understand the above and any questions have been answered to my satisfaction prior to signing this document.

Patient/Legal Guardian Signature _____ Date ____ / ____ / 20 ____