

Interlachen Family Practice
John B. Hirt, D.O.
5542 Lake Howell Road
Winter Park Florida 32792

Controlled Substances Agreement

I understand I have the following responsibilities/guidelines for treatment under John B. Hirt, D.O.

I will take medications at the dose and frequency prescribed and will not increase or change how I take my medications without the approval of John B. Hirt, D.O.

1. I will arrange for refills at the prescribed interval **ONLY** during regular office hours. I will not ask for refills earlier than agreed, after hours or on holidays and weekends.
2. I will not request any other medications for my diagnosis from any other health care providers and will inform all physicians what I am taking and who is monitoring medication.
3. I will protect my prescriptions and medications. I understand that lost or misplaced prescriptions will not be replaced.
4. I will keep all follow-up appointments. If I need to cancel and/or reschedule my follow-up appointment, I will do so within enough time to obtain any refills that may be needed before I am out of medication.
5. I understand that John B. Hirt, D.O. may stop prescribing the medications if:
 - a. If I do not show any improvement in my diagnosis.
 - b. I develop rapid tolerance or loss of improvement from the treatment.
 - c. I develop significant side effects.
 - d. My behavior is inconsistent with the responsibilities outlined above, which may also result in being discharged from the practice.

Signature

Date

Print Name