NARCOTIC PAIN MEDICATION AGREEMENT

AS MANDATED BY KY STATE LAW (KRS 218A) EFFECTIVE JULY 20, 2012

Patient Date of birth:

Patient Name:	Patient Date of birth:
Thank you for choosing Dr. Ackerman's office. prescription for a narcotic pain medication. It is state law, effective July 20, 2012, requires that obtained for each patient who receives a narcotic includes information on prescription drug use, dentists as well as dispensing pharmacies. The will be included in your dental record. You show more than one prescribing dentist, and refills, pharmacy.	s intended for short-term use only. Kentucky a drug profile, the "KASPER" report, must be otic pain medication or refill. The KASPER report frequency and amount of refills, prescribing ese reports will be reviewed by your dentist and ould never take narcotic pain medication from
disturbances may interfere with operation of a long term use is associated with dependence a addiction. Overdose can be fatal. It is your re-	interference with urination. Sleep and behavior motor vehicle or create other safety hazards. and increased tolerance: in other words, sponsibility to use this medication only as need uld notify the office immediately of any severe
NARCOTIC PRESCRIPTION POLICY	
*No prescription will be filled after business h	ours, 8 am-2:30 pm, Monday- Thursday.
*You should never be receiving narcotic pain medication from more than one dentist.	
*This medication should not be given to others under any circumstances.	
*Take your medication only as directed.	
*Early refills will not be authorized.	
I understand the risks and benefits of using narcotic pain medication. I consent to the treatment and agree to use the medication as prescribed by my dentist.	
Patient Signature:	Date: