



Scott P. Leary, M.D.
 Diplomate, American Board of Neurological Surgery
 Fellowship Trained, Complex Spine Surgery
 Minimally Invasive Spine Surgery
 Artificial Disc Replacement
 Stereotactic Radiosurgery
 General Neurosurgery

Controlled Substance/Narcotic Agreement

Scott P. Leary, M.D.
 Tracy Sebastian, PA-C

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Services
 Complex Spine Surgery
 MIS: Minimally Invasive Spine Surgery
 MIS: Alternatives to Fusion
 MIS: Alternatives to Surgery
 Artificial Disc Replacement
 Stem Cell Therapy
 Correction of Spinal Deformity
 Correction of Scoliosis
 Outpatient Kyphoplasty
 Cervical Spine Disease
 Lumbar Spine Disease
 Skull Base Surgery
 Endoscope Assisted Surgery
 Acoustic Neuroma
 Brain Tumors
 Cerebral Aneurysms
 Stereotactic Radiosurgery
 Pituitary Adenoma
 Trigeminal Neuralgia
 Workers' Compensation

A member of:
SENTA Neurosurgery:

Scott P. Leary, M.D.
 Sanjay Ghosh, M.D.
 Alois Zauner, M.D.

Tracy Sebastian, PA-C
 Amanda W. Gumbert, PA-C
 Felix M. Regala, PA-C
 Deborah Frantz, PA-C

Neurology
 Ian M. Purcell, M.D. PhD
 Monali Patel, M.D.

This agreement is between the patient and the prescribing provider; Scott P. Leary, M.D. and Tracy M. Sebastian, PA-C. By signing a contract for narcotic administration, the patient has indicated that they understand the discussion about the use of narcotic medications, including side effects, and is agreeable to start this treatment under the terms set by this medical office. It is agreed that narcotic medication will be given by Dr. Leary and/or Tracy Sebastian on a regular basis to the patient **ONLY** if the following terms are met:

- 1) I will take medications only as prescribed. I will not exceed the prescribed dose even if I perceive it to be necessary. **No early refills will be given.**
- 2) I am fully responsible for the safe keeping of my medication. Lost or stolen medications will not be replaced.
- 3) I will never share my medication with others.
- 4) I will not use illicit drugs or abuse alcohol.
- 5) No narcotic prescriptions will be refilled after hours or on weekends.
- 6) I will not drive a vehicle or use dangerous equipment while taking my pain medications. I am aware that if I have narcotics in my system while operating a vehicle I may be subject to a DUI.
- 7) I am aware that narcotic medications are addicting.
- 8) I am aware the narcotic medications can cause constipation which can lead to bowel obstruction.
- 9) I am aware that suddenly stopping these medications may be dangerous.
- 10) I understand that I will not receive any other narcotic medications from any other provider(s) while receiving narcotic medications from this office.
- 11) I fully understand the explanations regarding the benefits and the risks of this method of treatment. I agree to the use of narcotic medication in treatment of my pain.

This has been fully explained to me and I understand the terms. I have had the opportunity to ask questions and received acceptable answers. **I agree to the terms of this contract.**

Date: _____

Patient Printed Name: _____

Patient Signature: _____

Witness Printed Name: _____

Witness Signature: _____