Knowing your pain management options after surgery is important. For many patients, over the counter pain relievers such as acetaminophen (Tylenol), ibuprofen (Advil), and naproxen (Aleve) may be effective and may have the fewest risks and side effects.

After a surgery or procedure some patients may require stronger prescription medications like opioids to help relieve moderate to severe pain. The decision to take prescription opioids for pain management is yours.

Opioid use can have a number of potential risks and side effects such as:

* Addiction
* Confusion
* Constipation
* Death
* Depression
* Itching and sweating
* Nausea, vomiting or dry mouth
* Sleepiness and dizziness
* Slowed breathing

Additional information about the risks and side effects of opioid use is available on the CDC and FDA websites at: [www.CDC.gov](http://www.cdc.gov/) and [www.FDA.gov.](http://www.fda.gov/)

**Patient Acknowledgement**

After discussing the risk, benefits, and alternatives for my pain management with my doctor, I decided that a prescribed opioid is the best choice. My doctor will prescribe an opioid medication to manage my pain. I am responsible if my opioid medicine is lost, stolen, or used up sooner than prescribed, and I understand that my medication may not be replaced.

In making the decision to use opioids for pain management, my prescribing doctor discussed:

* The risks of addiction and overdose associated with the use of opioids;
* The increased risk of addiction to an opioid to an individual who is suffering from both mental and substance abuse disorders; and
* The danger of taking an opioid with a benzodiazepine, alcohol, or another central nervous system depressant.

I have informed the prescribing doctor of:

* My underlying health issues;
* All other medications prescribed for me; and
* Any over the counter medications I regularly take.

While taking the opioids prescribed by my doctor, I agree to:

* Only take the prescribed opioid medication as directed;
* Never take more doses of the opioid medication than prescribed;
* Never use another person’s opioid medication;
* Never share, sell, or trade the opioids prescribed for me; and
* Not take opioid medications that were prescribed by other doctors.

After taking the opioids prescribe by my doctor, I agree to:

* Report any addiction problem to my doctor; and
* Properly dispose of any unused opioid medications.

If an opioid refill is required, I will contact my doctor’s office during normal business hours. I am aware that refills will not be provided on nights, holidays, or weekends.

My prescribing doctor may consult the state Prescription Drug Monitoring Program (PDMP) before prescribing opioids for me.

My signature below acknowledges I that have read and understand this document, that I understand the information provided to me by the doctor and staff, and that my questions have been answered to my satisfaction.

Printed Patient’s Name Patient Birthdate (MM/DD/YYYY)

Patient’s (or Legal Guardian’s) Signature Date

Printed Name of Prescribing Doctor

Prescribing Doctor’s Signature Date

Printed Name of Witness

Witness Signature Date