**Neurologic Arts Associated, LLC**

**183 High Street, Ste. 1200**

**Newton, NJ 07860**

**AGREEMENT OF CONTROLLED MEDICATIONS**

**PRESCRIBING DOCTORS**:  **YEVGENIY I. KHESIN M.D. PAVEL P. TISHUK M.D.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this agreement, the above named patient agrees to the following:**

* The patient will only obtain medications from the above named physician.
* The patient will only use one pharmacy, which the patient designates.
* The patient will obtain lab studies and other investigations, as deemed necessary by the above named physician, in a timely manner.
* The patient will keep all scheduled appointments with the above named physician, with cancellations required by phone no later than 24 hours prior to the scheduled appointment.
* Breech of this agreement is defined as the following:
* Obtaining medications from a different physician without the above named physician’s consent UNDER ANY CIRCUMSTANCES.
* Using a second pharmacy FOR ANY REASON without obtaining permission from this office.
* Failing to obtain lab studies and other investigations as ordered by the above named physician.
* Failing to keep a scheduled appointment without proper notification.
* Failing a urine drug test.
* The patient allows the physician to publish his/her name on a list distributed to the other physicians in the group and to local emergency departments. The specific medication(s) and indication(s) will not be published.
* The patient will provide at any time a witnessed urine test for the purpose of performing a urine drug screen to assure drug compliance. FAILURE TO PROVIDE A URINE SAMPLE ON ANY TWO OCCASIONS IS THE EQUIVALENT OF A FAILED TEST.
* The patient allows this office to call pharmacies to obtain drug utilization profiles.

**By signing the agreement, the above named physician agrees to the following:**

* The physician will be the sole provider of medications to the above named patient.
* The physician agrees to see the patient on a regular basis.
* The physician will be responsible to continue to provide medications, and see the patient on a regular basis, as long as the patient does not violate the terms of the agreement.

This breach of contract is defined as above.

**Should the above named patient breech this agreement, the patient will have thirty (30) days to find a new physician. In the event of a breach associated with arrest, such as but not limited to forgery, the dismissal is immediate, without notice. Should the tested patient fail the urine test for our office prescribed medications we will no longer fill any prescriptions effective immediately. The patient shall be notified of dismissal either in-person or by return receipt letter.**

**The patient will be responsible for any and all fees associated with the ordered / preformed drug screening that their insurance does not cover.**

**Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**