I understand that this Agreement is essential to the trust & confidence necessary in a physician/patient relationship and that my physician undertakes treatment based on this agreement.

I understand that if I breach this agreement, my physician may be forced to stop prescribing controlled substances.

I will not share, sell or trade my medication with anyone. I will not get the same or similar medications (multiple prescriptions) from another provider without informing INDER BHANVER, MD, PLLC. I will promptly inform INDER BHANVER, MD, PLLC about any and all current and new medications I get from another provider or am already getting from another provider.

I understand that my medications are my responsibility; I will safeguard my medication from “loss” or “theft”. I understand that **lost or stolen medications may not be replaced.**

I understand that such mishandling of my medications is a serious violation of this agreement and may result in my treatment being terminated.

I understand that refills of controlled substances will be made only at the time of an office appointment during normal business hours.

Refills for controlled medication may not be made over the phone. You must come to the office for an appointment. **Refills may not be made during evenings (after hours) or on weekends.**

I agree to take my medication exactly as prescribed so as to not run out of medication. I understand that use of my medication at a greater rate may result in my being without medication for a period of time. **Our office may not provide early refills for medications**; any medication dosage changes must be approved by the doctor.

I agree to adhere to the payment policy outlined by this office.

I agree to conduct myself in a courteous manner at all timeswhen in the doctor’s office. Inappropriate language or behavior toward any one will not be accepted.

I agree to provide random urine samples for drug testing at the request of INDER BHANVER, MD, PLLC.

***I understand that any violation of any part of the above agreement may be grounds for termination from this practice (INDER BHANVER, M.D., PLLC).***

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Signature of Patient/ Guardian/ Responsible party Date