



KEIPERSPINE™

Name:

Date of Birth:

Procedure:

Physician: Carmina F Angeles, M.D., PhD

I hereby consent to and authorize the above physician and such Assistants as she/he may designate to perform the above named operative and/or diagnostic procedure.

Furthermore, my physician has explained to me in a language that I understand: The nature and purpose of the procedure, the risks involved and the possibility of complications of the procedure, the expected benefits or effects of the procedure, and any alternatives to the procedure and their risks and benefits.

I understand that the no guarantees have been made to me concerning the results of treatment, surgery, or other procedures. If unforeseen conditions require additional procedures, and it is not reasonably practical to obtain my consent, I authorize my physician to proceed as she considers advisable and in my best interest, unless otherwise specified as follows.

Exceptions, if any: _____

If applicable, I authorize authorities to dispose of any body parts or tissue, which may be removed from my body.

I certify that I have read and fully understand the above information. Any questions which may have occurred to me have been answered to my satisfaction. I consent to proceed with the procedure as described above.

Signature Patient Name

Date



KEIPER SPINE™

RISK DISCLOSURE FOR SURGICAL PROCEDURES

Initial high-lighted area

___ [] General Risks:

Pain, bleeding, need for blood transfusion, infection, failure to treat presenting condition/symptoms, worsening of pain/symptoms, need for further surgeries or procedures in the future, damage to adjacent blood vessels, nerves, and tissues, weakness, impaired muscle function, numbness, paralysis, loss of bowel, bladder and sexual function, cerebral spinal fluid leak, anesthetic risks, pneumonia, cardiovascular risks, heart attack, stroke, deep venous thrombosis, pulmonary embolism and death, neuropathy/compartment syndrome and blindness from positioning.

Specific Risks:

___ [] A. Intracranial operation

Additional loss of brain function including memory, in vision, deafness, inability to smell, coordination loss, neurologic deficits, seizures, brain swelling, stroke, persistent vegetative state, failure to improve, recurrence, postoperative hematoma, need for further surgeries/treatment such as radiation and chemotherapy.

___ [] B. Anterior Cervical Spine operation

Difficulty swallowing, damage to trachea/esophagus, hoarseness, Horner's syndrome (eyelid droop, unequal pupils, mucosal dryness), neck and arm symptoms, neurologic injury, vascular injury, tongue weakness, clumsiness, failure/malpositioning of hardware, failure of fusion, immediate and delayed spinal instability, adjacent level degeneration, need for further surgeries/procedures.

___ [] C. Posterior Cervical Spine operation

Persistent/worsening neck pain, arm pain, weakness and numbness, neurologic injury, failure/malpositioning of hardware, failure of fusion, immediate and/or delayed spinal instability, residual/recurrent disc herniation, scarring, adjacent level degeneration, need for further surgeries/fusion surgeries, cerebrospinal fluid leakage, neuropathy and blindness from positioning.

___ [] D. Lumbar Decompression/Microdiscectomy

Persistent/worsening back pain, leg pain, weakness, paralysis and numbness, immediate and/or delayed spinal instability, residual/recurrent disc herniation, scarring, adjacent level degeneration, need for further surgeries/fusion surgeries, cerebrospinal fluid leakage.

___ [] D. Posterior Thoracolumbar Spine operation

Persistent/worsening back pain, leg pain, weakness and numbness, neurologic injuries, scarring, failure of the fusion/hardware, malpositioned hardware, adjacent level degeneration, immediate and/or delayed spinal instability, need for further surgeries/fusion surgeries, vascular injury, need for blood transfusion, injury to abdominal contents (great vessels, ureters, bowel, kidneys), cerebrospinal fluid leakage, neuropathy and blindness from positioning.

___ [] E. Anterior Thoracolumbar Spine operation

Vascular injury, need for blood transfusion, persistent/worsening back pain, leg pain and numbness, scarring, failure of the fusion/hardware, malpositioned hardware, immediate and/or delayed spinal instability, need for further surgeries/fusion surgeries, cerebrospinal fluid leakage, neuropathy and blindness from positioning, injury to abdominal contents (great vessels, ureters, bowel, kidneys), incisional hernia.

___ [] F. Peripheral nerve operation

Infection, wound breakdown, increased/different pain, injury to the nerve, weakness, impaired muscle function, numbness, tingling

___ [] G. Transphenoidal resection of pituitary tumor

Hormonal abnormalities, need for hormone replacement, nasal septum deformity or perforation, loss of brain function, memory vision, deafness, inability to smell, coordination loss, seizures, postoperative hematoma requiring another surgery, carotid artery injury, residual/recurrent tumor requiring additional treatment such as chemotherapy and radiation.

___ [] E. Cerebral spinal fluid shunting operation

Failure to relieve hydrocephalus, shunt obstruction/ malfunction, shunt infection, under/over drainage of CSF, need for shunt revision, hemorrhagic complication, need for further surgery, neurological deficit to include stroke, weakness, vision loss, memory loss, deafness, inability to smell, coordination loss, seizures, vegetative state and death, formation of a hernia, injury to abdominal organ.



KEIPER SPINE™

Patient Agreement (a.k.a. Pain Contract) for Controlled Substance Prescriptions with Dr. Carmina Angeles MD, Linh Nguyen PA-C

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. The national opioid crisis and an increased awareness about the potential for benzodiazepine addiction have resulted in stricter prescribing guidelines. **We as prescribers are required follow State and Federal controlled substance prescribing guidelines. This means that we can no longer prescribe controlled substances, or maintain patients on controlled substances, just because a patient states they are in pain.** Because these medications have the potential for abuse, diversion, and harmful side effects, strict accountability is necessary. To support this accountability and adhere to State and Federal prescribing guidelines, the following policies must be agreed to by you, the patient, as a condition for the use of controlled substance prescriptions to manage your pain.

I agree to the following:

- 1) I have read, understand and signed the **Narcotic and Non-narcotic Controlled Substances Risk notice.**
- 2) My physician and physician assistant have permission to discuss all diagnostic and treatment details with your pharmacist and other healthcare professionals involved with your care.
- 3) Prescriptions for controlled substances prescribed by Dr. Angeles and Linh Nguyen, PA will **ONLY** be used to treat your immediate post-operative (surgical) pain.
- 4) **State guidelines restrict us from prescribing controlled substances for acute pain management (post-operative pain) to no more than a six-day supply. We are required to prescribe the lowest dose possible to help control your pain, not eliminate it. We are also required to wean patients off controlled substances as quickly as possible.** This may require significant effort on your part to do so.
- 5) I understand that controlled substances may be prescribed post-operatively for a clinically reasonable period, appropriate for the type of procedure I have. Examples include:
 - 2-3 weeks of postop pain medication for discectomies, ≤ 2 level lumbar decompressions, anterior cervical fusions, cervical disc replacements, carpal tunnel releases and craniotomies
 - 3-4 weeks of postop pain medication for ulnar and peroneal nerve decompressions, and 1-2 level posterior cervical procedures
 - 3-5 weeks of postop pain medication for 3 or more level lumbar decompressions
 - 4-6 weeks of postop pain medication for 3 or more level posterior cervical decompressions or posterior fossa craniotomies, lumbar fusions
- 6) Dr. Angeles and Linh Nguyen PA-C, PA **DO NOT TREAT CHRONIC PAIN**, or pain from other conditions which have not been evaluated and or resulted in surgery by them.

Continued on next page, Patient initials_____



KEIPER SPINE™

- 7) I understand that once I receive a controlled substance prescription from Dr. Angeles or Linh Nguyen, PA-C I **will not accept any other prescription** for a controlled substance unless there is an extreme emergency or it has been approved by Dr. Angeles or Linh Nguyen, PA-C. I will inform Keiper Spine immediately if I have received a controlled substance medication from another provider. Failure to notify Keiper Spine will result in forfeiting all future prescriptions for controlled substances. The PDMP (Prescription Drug Monitoring Program) will be used to verify this.
- 8) Medications prescribed to me by Dr. Angeles or Linh Nguyen, PA-C are strictly for my use only. I will not share, permit others access to, or sell these medications.
- 9) I will take my medications **ONLY as prescribed. I will not alter my prescriptions or increase my dose** without the permission of Dr. Angeles or Linh Nguyen, PA. Increasing my dose on my own may lead to drug overdose causing severe sedation, respiratory depression and possibly death.
- 10) I will not alter my medications in any way (for example crush or cut) unless instructed to do so.
- 11) I will not abuse my medications, combine them with alcohol or use illicit drugs. Use of alcohol with controlled substance medications may produce profound sedation, respiratory depression and even death.
- 12) Use of marijuana in the state of Oregon is legal. However, state guidelines were recently written in such a manner as to require that patients choose between using marijuana or controlled substance prescriptions for pain, **NOT BOTH**. This is also the policy of many local pain management specialists.
- 13) I agree to scheduled or unannounced urine or blood screens to determine the presence of authorized and or unauthorized substances. Failure to submit for such screenings will result in forfeiting all future prescriptions for controlled substances.
- 14) It is my responsibility to safeguard my medications. These medications may be sought by other individuals, including friends and family members. I will take the highest possible degree of care with my medications and will not leave them where others might have access to them.
- 15) I also understand that these medications may be hazardous or lethal to people, especially children, who are not tolerant to their effects. I will keep these medications out of their reach.
- 16) **Medications will not be replaced if they are lost, destroyed or stolen.** If your medication(s) are stolen, you must file a police report and present a stolen item report to Keiper Spine for review and consideration. This does not mean that your prescription(s) will be refilled.
- 17) Prescription refills are not automatically done.
- 18) **PRESCRIPTIONS WILL NOT BE PRESCRIBED OR REFILLED WITHOUT A SIGNED CONTROLLED SUBSTANCES RISK NOTICE, SIGNED PAIN CONTRACT AND A COMPLETED REFILL QUESTIONNAIRE. NO EXCEPTIONS!**
- 19) **You MUST allow 48 hours notice for prescription refill requests. We will NOT refill any prescriptions after hours (later than 5pm), or on Fridays, Saturdays, Sundays or Holidays.**
- 20) **There will be NO EARLY REFILLS of controlled substances.**
- 21) **Prescriptions for controlled medications typically must be picked up in person and hand carried to your pharmacy or if possible may be sent** mailed to the patient. Prescriptions will not be faxed or electronically sent unless special arrangements are made at the discretion of your physician or physician assistant.

Continued on next page, Patient initials_____



KEIPER SPINE™

- 22) **VA patients please note:** prescriptions for controlled substances cannot be electronically sent and must be hand carried to the VA pharmacy. You will need to make arrangements to have this done and must allow for sufficient time to receive these prescriptions.
- 23) While under the care of Dr. Angeles, I will only fill my controlled substance prescriptions at one pharmacy listed on my medical record, unless otherwise approved by your physician or physician assistant.
- 24) If other treatments are prescribed, such as physical therapy, interventional procedures or psychology services, I agree to follow through with the prescribed program. I understand that my medications will be discontinued if I fail to do so.
- 25) Failure to follow up with my physician or physician assistant as ordered will also result in forfeiting all future prescriptions for controlled substances.
- 26) I understand that controlled medications will impair my ability to drive an automobile or operate heavy equipment. Therefore, I will not operate such devices while on these medications.
- 27) I am responsible for notifying my physician or physician assistant if I become pregnant. I understand that children born to mothers taking opioid or benzodiazepine medications will be physically dependent upon those medications at birth.
- 28) It is a felony to forge, tamper, or change a prescription in any way. It is also unlawful to use a prescription in a way other than for whom and how it was prescribed.
- 29) The use of controlled substance medications in the management of pain is intended to improve functioning in many areas of daily life. If it appears to the physician or physician assistant that there is no improvement in my daily function or quality of life with the use of these medications, my medications may be discontinued after a gradual taper.

Signing below and initialing the preceding pages confirms that you have read and understand the information above. Your signature also acknowledges that all of your questions (if any) have been answered about this agreement with Dr. Carmina Angeles and Linh Nguyen, PA for controlled substance prescriptions. Controlled substance medications will not be prescribed by your physician or physician assistant unless you agree to the terms of this agreement.

Date: _____

Patient / guardian signature _____



KEIPER SPINE™

Narcotic and Non-narcotic Controlled Substances Risk Notice

This confirms that you, the patient, have been diagnosed with a condition that is causing acute and or chronic pain.

Treatment of your condition may include the use of narcotic (opioid-like) and non-narcotic controlled substances such as: fentanyl (Duragesic), tapentadol (Nucynta), oxymorphone (Opana), methadone (Dolophine), hydromorphone (Exalgo, Dilaudid), oxycodone (Oxycontin, Xtampza, Percocet), hydrocodone (Zohydro, Hysingla, Norco, Vicodin), morphine (MS Contin, Oramorph, Kadian, Arymo, Avinza, Roxanol), codeine (Tylenol #3 & #4, Fioricet with codeine), buprenorphine (Butrans, Sublocade, Subutex, Suboxone, Cizdol, Zubsolv, Temgesic, Buprenex, Fioricet), naltrexone, tramadol (Ultram), carisoprodol (Soma), pregabalin (Lyrica), benzodiazepines (Xanax, Klonopin, Ativan, Valium, Restoril, etc.), zolpidem (Ambien), Zaleplon (Sonata). Other controlled substance medications (such as newly released prescription drugs) which are not listed may also be part of your treatment plan.

The type of controlled substances used will vary and will be determined by your medical condition, type of surgical procedure, pre-existing controlled substance use (tolerance and or dependence), and response to these medications.

These medications may be adjusted from time-to-time and may be used in combination to obtain appropriate and adequate pain control.

In addition to a reduction in your pain, therapy goals include increased mobility, increased functionality, and better-quality sleep.

Alternatives to the use of narcotic and non-narcotic controlled substances are available and will also be used to manage your pain. This may include the use of non-controlled pain medication (Tylenol, NSAIDs), adjuvant pain medication (seizure medications, anti-depressants, medications for anxiety, blood pressure medications), corticosteroids (Decadron, Medrol), physical therapy, acupuncture, massage, chiropractic therapy, psychotherapy, and or interventional procedures (injections).

These medications are controlled substances because of their abuse potential. They also have the potential to cause serious harm, including death.

NOTICE OF RISK

Use of controlled substances may be associated with risks such as, but not limited to:

1. **Central Nervous System:** Drowsiness, decreased mental ability (mental slowing), impaired ability to concentrate, and slowed reaction time. Avoid alcohol and do not drive or operate machinery while taking these medications. Your ability to make decisions may be impaired.
2. **Cardiovascular:** Irregular heart rhythm, bradycardia (slow heart rate), tachycardia (fast heart rate) and or hypotension (low blood pressure) may occur.
3. **Respiratory:** May decrease or stop respirations resulting in poor oxygenation. May also induce bronchospasm (wheezing) causing shortness of breath in susceptible individuals.

Continued on next page Patient initials _____



KEIPERSPINE™

4. **Gastrointestinal:** Stomach upset, and constipation are common. Nausea and vomiting may also occur.
5. **Dermatological:** Itching, rash and flushing.
6. **Endocrine:** Decreased testosterone (male) and other sex hormones (females). Dysfunctional sexual activity.
7. **Urinary:** Difficulty urinating.
8. **Pregnancy:** Babies born from pregnant mothers who are taking controlled substances may be dependent on opioids and suffer withdrawal symptoms after birth.
9. **Psychiatric:** Depression, paranoia, confusion, insomnia and hallucinations may occur.
10. **Drug Interactions:** These medications can interact with or alter the effect of other medications. This cannot be reliably predicted.
11. **Tolerance:** to these medications can occur over time. This does not mean that your dose will be increased.
12. **Physical Dependence and Withdrawal:** Physical dependence can develop within as little as 1-2 weeks in patients receiving daily doses of these medications. If your medications are abruptly stopped, symptoms of withdrawal may occur. These symptoms include excessive yawning, watery eyes, runny nose, nausea, vomiting, sweating, generalized malaise (flu-like symptoms), aching muscles, hot and cold flashes, “goose flesh,” anxiety, mood swings (irritability), abdominal cramps, diarrhea, tremors and palpations (abnormal heartbeats). These symptoms can occur 24-48 hours after the last dose and can last for weeks. Patients who are physically dependent on controlled substance medications need to be slowly weaned (tapered) off. This should be done under the direction of your physician or physician assistant.
13. **Addiction (Drug seeking / Abuse):** A psychological dependency on the medication. This refers to abnormal behavior directed toward acquiring or using these medications in a non-medically supervised manner. Patients with a history of alcohol and or illicit drug abuse are at increased risk for developing addiction.
14. **Allergic Reactions:** are possible with any medication. This usually occurs early after initiating a new medication.
15. **Accidental overdose:** These medications are extremely hazardous to children and others who are narcotic naïve or sensitive. Misuse or accidental ingestion can result in death. You are **REQUIRED** to safeguard these medications.

The effects of narcotic controlled substances **can be immediately reversed with naloxone (Narcan)**. Narcan may also be prescribed for patients on higher doses of narcotics. **You may request a prescription for Narcan regardless of what dose you are on, or if you have family members who are taking narcotics, as a rescue medication in case of overdose.**

Signing below and initialing the preceding page confirms that you have read and understand the information above. Your signature also acknowledges that all of your questions (if any) have been answered about the risks associated with taking narcotic and or non-narcotic controlled medications.

Date_____

Patient / guardian signature_____