INTERVENTIONAL SPINE SPECIALISTS

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PRESCRIPTION POLICY

Patient Name:		DOB:
Patient Name:	First	
All patients who are prescribed pain	n medication will be re	quired to complete a Narcotic Contract.
Each Patient may designate up to the	ree individuals to pick	up prescriptions. Those individuals must be at least 18 years of age.
 Prescriptions may b 	e released no more that be picked up in the Fiv	an 5 days before they are due to be filled. The Mile Office Monday through Friday from 8:00 a.m. to 4:30 p.m. tavia Office on Tuesday from 8:30 to 3:00.
The office needs advance n	notice of at least	two business days for prescription refills.
Anyone picking up a prescription n individual picking up the prescription		D., such as a driver's license. This includes the patient. In addition, the escription.
Prescriptions will not be released to	anyone not authorized	d by the patient.
I authorize any staff member at Inte	rventional Spine Spec	ialists to verify my prescription history. (initial here)
• •	•	e with the Prescription Policy set forth above. I hereby authorize the ehalf. I understand that this authorization will remain in effect until
1		Relationship to patient
2		Relationship to patient
3		Relationship to patient
Signature:		Date:
Witness:		