

**Southwest Neurosurgical Associates  
Andrew K. Metzger, M.D.  
8080 Academy Rd NE Suite B  
Albuquerque, NM 87111  
505-244-0080 Fax: 505-244-9048**

**DRUG CONTRACT**

I \_\_\_\_\_ agree to the following.

- A. To fully inform Dr. Metzger of **all** narcotic medications and/or controlled substances I receive from all other providers.
- B. To use the prescribed medication(s) as written and not to exceed dosage or frequency.
- C. To never ask for refills before a current prescription is completed and also to protect medication from loss or theft.
- D. That medication will not be filled or changed on the weekends.
- E. All requests for refills will be made between 8am and 4 pm Monday through Thursday and that **48 hours will be granted to the office to process the request.**
- F. To not ask another provider for pain medications/narcotic medications and/or controlled substances **without first informing our office of this request.**
- G. That 60 days after surgery, if narcotic medications and/or controlled substances are still needed, that an appointment will be made with your primary care provider or a Pain Management provider to assist in pain control.

I acknowledge my responsibility for the above and agree to the above in order for Dr. Metzger to be my provider and prescriptive writer. Any infringement of this agreement will terminate those privileges.

X \_\_\_\_\_  
Patient Signature

X \_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date

**Pt initial receipt of copy\_\_\_\_\_**