Manonmani Antony MD
Managing Member

18229 DuPont Blvd.
Georgetown, DE 19947

Phone: 302-514-PAIN
Phone: 302-253-8026
Fax: 302-253-8028

contact@sussexpainrelief.com
www.sussexpainrelief.com

Sussex Pain Relief Center, LLC

Dear Patient,

The purpose of this letter is to tell you about our general practice policies and position on using controlled substances, such as Opioids (narcotics), to treat pain. We give this letter to all our new patients. If you have any further questions after reading this letter, remember to discuss them with your doctor.

We will explore all medical treatment options within the scope of our medical practice to help you restore function and lead an active, healthy life, using a variety of treatments to accomplish our goals including but not limited to physical therapy, procedures, heat and/or cold therapy, a home exercise program, non-controlled medications and, in some cases, controlled medications. We require all our patients to have a primary care physician and we expect you to help us obtain your medical records from your primary care doctor and any other doctor who has treated you using controlled medications. The faster we receive records, the faster you'll be seen.

If your healthcare practitioner decides to prescribe controlled medications to you as part of your overall treatment plan, he/she *must and will* follow federal and state laws and regulations governing controlled substance prescribing. Here are just a few of the things we may ask you to provide for us in connection with our patient selection and treatment process:

1) Get information from your doctors about your medical history and your past pain treatments, including a list of all medications you take to treat your pain;

2) Ask whether you or your family has had any problems with alcohol, illegal drugs, legal drugs, or tobacco; and

3) Ask you to provide a urine sample for testing as part of the initial patient selection process. If we accept you into our pain management and rehabilitation program, we may ask you to submit additional urine samples as part of your ongoing treatment program. All urine samples are requested at the discretion of your healthcare practitioner and you will be asked to cooperate with us or we have the discretion to not treat you.

We will monitor your medical condition and supervise your use of medication using various tools in addition to urine drug testing, including medication counts, family conferences, psychological consultations, etc. These tools are not meant to be offensive and are used in conjunction with professional and state/federal guidelines. Furthermore, third-parties such as insurance companies, require that we perform these tests to obtain prior authorization for medications and procedures. We want you to know that we are committed to treating you and doing what is medically acceptable and appropriate for you to help you control your pain. We look forward to serving you and empowering you to take control of your pain.

Sincerely,

Dr. Manonmani Antony

Patient

Print Name	Signature	Date

Witness

Print Name	Signature	Date