



River North Pain Management Consultants, S.C.,

Axel Vargas, M.D.,

Regional Anesthesiology and Interventional Pain Management.

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## NARCOTIC AGREEMENT

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I \_\_\_\_\_ agree to participate in a Program of Pain Management with the Physicians at River North Pain Management Consultants, S.C..

I may be provided with controlled substances, while actively participating in the Pain Management Program, only if I strictly adhere to the following regulations:

1. I will receive controlled substances ONLY from the physicians and staff affiliated with River North Pain Management Consultants, S.C.
2. I will use these controlled substances ONLY with the strict parameters outlined to me by the physicians and staff affiliated with River North Pain Management Consultants, S.C.
3. I WILL NOT ask, demand or receive replacement prescriptions for lost, Stolen or destroyed prescriptions and or medication (s).
4. I WILL REFRAIN from seeking controlled substances from the physicians and staff affiliated with River North Pain Management Consultants, S.C., even when I decide to discontinue participation in the Pain Management Program.
5. I WILL AGREE to participate in a DRUG DETOXIFICATION Program if prescribed by the physicians and staff affiliated with River North Pain Management Consultants, S.C.
6. If violation of this agreement should occurred, I will accept 30 (thirty) day notice for TERMINATION of controlled substances issued or prescribed by the physicians and staff affiliated with River North Pain Management Consultants, S.C.
7. Once termination occurs, I UNDERSTAND this implies as well I will TERMINATE my relationship with the physicians and staff affiliated with River North Pain Management Consultants, S.C.
8. I WILL NOT under any circumstances hold the physicians and staff affiliated with River North Pain Management Consultants, S.C., liable for any sequelae that would result from either use of controlled substances or discontinuance of these (controlled substances).

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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