



This agreement is required before prescribing any controlled substance (including stimulants, benzodiazepines, sleep medications, and buprenorphine). It is designed to support safe and effective prescribing and to comply with Washington State law (RCW 69.50; WAC 246-919) and DEA regulations.

PATIENT INFORMATION

Patient Full Name	Date of Birth	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Controlled Substance(s) Being Prescribed (to be completed by provider)	Schedule (II/III/IV/V)	
<input type="text"/>	<input type="text"/>	

1 ONE PRESCRIBER POLICY

I agree to receive prescriptions for controlled substances ONLY from this practice (or my designated covering provider). I will not seek controlled substance prescriptions from other providers without notifying this practice. If I see another provider for any reason, I will disclose all controlled substances I am prescribed.

2 ONE PHARMACY POLICY

I agree to fill all controlled substance prescriptions at ONE pharmacy:

Pharmacy Name	City	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

I will notify this practice before changing my pharmacy. All controlled substance prescriptions must be filled within 7 days of issuance or the prescription will be voided.

3 WASHINGTON STATE PRESCRIPTION MONITORING PROGRAM (PMP)

Washington State operates a Prescription Monitoring Program (PMP) that tracks controlled substance dispensing. My provider will check the PMP before prescribing and at any time deemed clinically appropriate. I consent to my provider accessing my PMP records. I understand that obtaining controlled substances from multiple providers without disclosure ("doctor shopping") is illegal and will result in immediate discontinuation of controlled substance prescribing by this practice.

4 URINE DRUG SCREENING (UDS)

I agree to provide urine samples for drug screening when requested by my provider, which may be on a scheduled or random basis. Refusal to provide a sample or an unexpected result (e.g., absence of prescribed medication, presence of illicit substances or non-prescribed medications) will be discussed with my provider and may result in modification or discontinuation of controlled substance prescribing.

5 SAFE STORAGE AND DISPOSAL

- I will keep all medications in a secure location, away from children and others
- I will not share, sell, or give away my medications under any circumstances
- I will dispose of unused medications safely via a DEA-authorized take-back program

