

®Teva-Fentanyl Patch Return Program

Patch return program for safer communities

TEVA

SafetyMatters

Date: (MM/DD/YYYY)

PATIENT INFORMATION

Name

Phone number

Address

City/Province

Postal code

FENTANYL PATCH TREATMENT AGREEMENT

I understand that I am being prescribed opioid medication from my doctor to treat my pain condition and receiving my ®Teva-Fentanyl patches from _____ pharmacy.

I agree to the following conditions:

1. I will not seek any other narcotic medications from another physician. Only my doctor* will prescribe any narcotics for me.
2. I will not take fentanyl at a higher dose or more often than prescribed by my doctor*.
3. I will not give or sell my fentanyl to anyone else, including family members; nor will I accept any narcotic medication from anyone else.
4. I understand that the pharmacy may not dispense more than ten fentanyl patches (or one month supply) at a time.
5. I will return all of my used fentanyl patches to my pharmacist, before any other patches will be given to me.
6. I understand that if I return less patches to the pharmacy than what I was prescribed, the pharmacist may not give me any more patches or a reduced amount for my refill.
7. I will not use over-the-counter narcotic medications such as 222's and Tylenol® No. 1.
8. I understand that if my prescription runs out early for any reason (for example, if I lose the medication, or take more than prescribed), my doctor* will not prescribe extra medications for me; I will have to wait until the next prescription is due.
9. I will only fill my medications at one pharmacy. The pharmacy I have selected is: _____.
10. I will store my medication in a secured location.

I understand that if I break these conditions, my doctor* may choose to cease writing fentanyl patch prescriptions for me.

PRESCRIBING DOCTOR

Physician name

*"my doctor" refers to the prescribing doctor mentioned above.

Patient signature _____ Date _____

Pharmacist signature _____ Date _____

Physician signature _____ Date _____

Adapted from: National Opioid Use Guideline Group. Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. <http://nationalpaincentre.mcmaster.ca/opioid/>. Published 2010. Accessed May 20, 2016.