

I&M Medical Associates, PLLC
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Suboxone Agreement

I, _____, understand that by signing this contract to receive Suboxone, I will abide by the following rules.

1. I will see Dr. Icli or Dr. Miller on a Monthlu/Bimonthly basis to be evaluated for my Suboxone treatment and prescription.
2. I will not receive any pain medication or Suboxone therapy from the ER or any other physician.
3. I agree not to use any illegal drugs.
4. I consent to random drug screening to confirm my medication compliance.
5. I will not adjust my medication without being seen in the office and instructed to do so.
6. I understand that if I do not abide by these rules, I may be dismissed from the practice.

Patient _____

Physician _____