

## EXPECTATIONS FOR POST-OPERATIVE PAIN MEDICATION MANAGEMENT

**Patient Name** *(please print)*: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

### **Pain Control:**

Our goal is to improve your pain related to your specific surgical procedure. You may experience post-operative pain and we will provide pain medication for the first \_\_\_\_\_ days/weeks while you heal. You should only use the medication if needed.

If your procedure related pain persists, or if you have pain that is not related to the surgical procedure and you feel you need additional pain medication, you will be referred back to your Primary Care Physician or to a pain management physician.

Our practice will only manage your immediate post-operative pain, related to your surgical procedure.

**If your procedure related pain continues beyond the \_\_\_\_\_ period, your surgeon may, at the surgeon's discretion, choose to treat your procedure related pain or refer you to a pain medicine specialist or to your primary care physician for pain management.**

**We (I) will not treat chronic pain conditions or pain not related to the surgical procedure.**

Patient's signature indicates that the above policy has been explained to the patient, and the patient understands and agrees to this policy.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_