

# Patient Prescription Agreement

I, \_\_\_\_\_, WILL:

1. Use my medication as directed.
2. Refuse to share my medication with others.
3. Count and control my pills.
4. Dispose of my medications responsibly.

**OPTIONAL SIGNATURE:** \_\_\_\_\_

## Source

ABC's of Controlled Medications: What Patients Need to Know about their Prescription Pain Medicine. Carol J. Boyd, Kristen G. Anderson, and Traci Rieckmann. *Journal of Addictions Nursing*, 2011; 22:4, 168-170.