Adult Opioid / Controlled-Substance Informed Consent & Agreement

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Purpose of This Form

Your dentist may prescribe a strong pain medicine called an **opioid** for a short time after a dental procedure. This form explains what the medicine is for, the risks and benefits, other options you can use instead, and the rules we both agree to follow if you take it. Please read it carefully and ask us any questions before you sign. You should keep a copy.

This form is for **adult patients (18 and older)**. It is a starting point for a conversation with your dentist — not a replacement for it.

1. Your Medication and What It Treats

- **Patient name:** [_____]
- **Date of birth:** [_ / / _]
- **Medication (opioid) name and strength:** [_____]
- **Dental condition or pain it treats:** [_____]
- **How to take it (dose / how often / max per day):** [_____]
- **Expected length of use:** This medicine is meant for **short-term** use only — usually about **[number] days**. It is not meant for long-term or ongoing pain.

Opioids treat pain. They do **not** treat the cause of your dental problem. You may still need other dental care to fix the underlying issue.

2. Risks of Opioid Medication

Under California law, your dentist must discuss the risks of opioid medication with you. Please read each risk below. Opioids can cause serious harm, even when taken as directed.

- **Physical dependence.** Your body can get used to the medicine, so that stopping suddenly causes withdrawal symptoms (such as sweating, shaking, nausea, or feeling sick).

- **Tolerance.** Over time, the same dose may stop working as well, so it may seem like you need more to get the same relief.
- **Opioid use disorder / addiction.** Some people develop a strong urge to keep using opioids and cannot stop, even when the medicine is causing problems in their life. This is a treatable disease, and the risk is higher for some people than others.
- **Overdose and DEATH.** Taking too much — or mixing opioids with certain other things — can slow or stop your breathing and cause death. **This risk is much higher when opioids are combined with alcohol, benzodiazepines (anti-anxiety or "nerve" medicines such as Xanax, Valium, or Klonopin), or sleep aids.** Do not combine them.
- **Respiratory depression (slowed or stopped breathing).** Opioids can make your breathing dangerously slow or shallow. This is the main way opioids cause death.
- **Drowsiness and impaired driving.** Opioids can make you sleepy, dizzy, or slow to react. **Do not drive, operate machinery, or do anything that needs your full attention** until you know how this medicine affects you.
- **Constipation and nausea.** Opioids commonly cause constipation, nausea, vomiting, or stomach upset.
- **Risks in pregnancy.** If taken during pregnancy, opioids can harm the baby and can cause **neonatal opioid withdrawal syndrome** — a serious condition where a newborn goes through withdrawal after birth. Tell us right away if you are or may be pregnant.

Your personal risk may be higher. The chance of dependence, addiction, or overdose is greater for people with a personal or family history of substance use disorder (problems with alcohol, opioids, or other drugs) or certain mental-health conditions (such as depression or anxiety). Please tell your dentist about any of these so we can weigh your individual risk. **This form does not replace your dentist's individual judgment about whether an opioid is right for you.**

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3. Benefits

- Opioids can give **short-term relief from moderate to severe pain** after certain dental procedures when other pain relievers are not enough.
- Good pain control can help you rest, eat, and recover more comfortably in the first few days after treatment.

My dentist discussed the benefits of opioid pain medication with me. Patient initials: **[_____]**

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4. Alternatives (Other Ways to Control Pain)

Many people get good relief from dental pain **without** opioids. Your dentist talked with you about these options:

- **Acetaminophen** (Tylenol)
- **NSAIDs / ibuprofen** (Advil, Motrin) and similar anti-inflammatory medicines
- **Combining acetaminophen and ibuprofen** (non-opioid combination) — this often works as well as or better than opioids for dental pain
- **Ice / cold packs** to reduce swelling and pain
- **Rest, elevation, and following your after-care instructions**

My dentist discussed these non-opioid alternatives with me. Patient initials: **[_____]**

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5. CURES / Prescription Database Check

Before prescribing, and as required by California law, your dentist will check the **CURES** database (California's Controlled Substance Utilization Review and Evaluation System, the state's Prescription Drug Monitoring Program / PDMP). This database shows controlled-substance prescriptions you have received, which helps us prescribe safely.

I understand my dentist will check the CURES/PDMP database before prescribing. Patient initials: **[_____]**

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6. Our Agreement (Please Check Each Box)

If I take this opioid medication, I agree to the following:

- [ ] I will **take the medication only as directed** by my dentist, and not more often or in higher doses than prescribed.
- [ ] I will get my opioid prescriptions from **only one prescriber** and fill them at **only one pharmacy**.
- [ ] I understand there will be **no early refills** and no refills will be called in without a new evaluation.
- [ ] I will **store the medication securely**, locked or out of reach of children, family members, visitors, and anyone else.
- [ ] I will **not share, sell, or give** my medication to anyone else. (Sharing opioids is dangerous and illegal.)
- [ ] I will **dispose of any unused medication properly** — for example, at a pharmacy or police take-back location, or using a drug deactivation/disposal product. I understand the practice can give me a drug-deactivation/disposal pouch and tell me about a nearby take-back location if I ask. I will not keep leftover opioids "just in case."
- [ ] I will **not drink alcohol** or use illicit (illegal) drugs while taking this medication.
- [ ] I will **tell my dentist if I am pregnant, planning to become pregnant, or breastfeeding.**
- [ ] **My dentist offered to prescribe or recommend naloxone (Narcan) to me.** Naloxone is a safe medicine that can quickly reverse an opioid overdose and restore breathing in an emergency. I

understand I should tell the people I live with where it is and how to use it.

- [ ] I understand I can **stop taking this medication** and switch to non-opioid options at any time, and I can talk with my dentist about my pain.

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7. My Right to Revoke This Consent

I understand that **I may revoke this consent and withdraw from this agreement at any time, in writing or verbally.** I understand that doing so **will not affect my right to other appropriate dental or medical care.** If I revoke this consent, my dentist will talk with me about other ways to manage my pain.

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8. How Long This Agreement Lasts

This consent and agreement is valid for **this prescribed course of treatment only.** It expires on **[date]** *(or after [X] days from the date signed below, whichever the dentist enters)*. After it expires, a **new evaluation and a new consent** are required before any additional opioid is prescribed.

- **This agreement expires on:** [_ **/** / _]

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9. Acknowledgment

By signing below, I confirm that:

- The **risks, benefits, and alternatives** of opioid pain medication were explained to me in language I understand.
- I had the chance to **ask questions**, and my questions were **answered** to my satisfaction.
- I have read (or had read to me) and I understand this form, including my right to revoke it (Section 7), and I voluntarily agree to its terms.

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10. Language Access

This consent discussion took place in the patient's preferred language.

- **Discussion conducted in (language):** [_____]
- **Interpreter used?** [ ] No [ ] Yes
- **If yes — interpreter name:** [_____]
- **Interpreter language / relationship (e.g., professional interpreter, staff, family):** [_____]

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11. Signatures

Patient

Printed name	[_____]
Signature	[_____]
Date	[_ / / _]

Prescriber (Dentist)

I have discussed the risks, benefits, and alternatives of opioid pain medication with the patient, answered their questions, and addressed naloxone and CURES as documented below.

Prescriber printed name	[_____]
Signature	[_____]
Date	[_ / / _]

Prescriber attestations *(check and complete each):*

- [ ] **CURES/PDMP reviewed on:** [_ / / _]
- [ ] **Naloxone offer:** [ ] Offered and accepted/prescribed [ ] Offered and declined by patient
- [ ] Risks, benefits, and alternatives discussed and patient questions answered.

This document will be kept in your dental record. You may request a copy at any time. Questions about your privacy may be directed to Dr. Steve Truman at (510) 883-3011.