



ARIZONA PAIN MANAGEMENT & REHABILITATION
ESTELLE R FARRELL, D.O.

Patient Consent And Agreement For “Off-Label” Pain Treatment

REASON FOR THIS CONSENT AND AGREEMENT

All prescription drugs in the United States have a label approved by the United States Food and Drug Administration. This label provides an indication and dosage for the drug, but neither physician nor patient is legally bound to follow them. Pain Treatment is virtually impossible unless the physician prescribes one or more medications that are for an indication or dosage not listed on the drug label.

CONSENT AND AGREEMENT

The undersigned acknowledges that pain control cannot be achieved without “off-label” use of one or more drugs. The undersigned furthermore accepts all risks and complications that may occur from off –label use, since the benefit of pain control cannot otherwise be achieved. The undersigned agrees to waive all liability against the physicians and clinic who provide pain treatment.

SPECIFIC OFF-LABEL USES

Any and all off-label use of drugs are covered by this consent including, but not limited to the following:

1. Actiq® for non-cancer pain.
2. The use of antidepressants, anti-epileptics, muscle relaxants, tranquilizers, and nutraceuticals for pain relief.
3. The administration of sustained release preparations of morphine and oxycodone used more frequently than every 12 hours.
4. Maximal dosage of opioids is to be determined by therapeutic effect rather than any arbitrary, published maximal dosing levels.
5. Topical use of morphine, methadone, naloxone, carisoprodol, and ketamine.

I _____, the undersigned to the above and release the physician and clinic of all liability for off-label use of drugs.

Patient Signature

Date