



Patient ID# _____

SIGNATURE SHEET

Initial Below

- _____ 1) I have read and agree to Pain Specialists of Greater Chicago Notice of Privacy Practices/ IDPAA policy. Policy #1
- _____ 2) I have read and agree to Pain Specialists of Greater Chicago Medication and Prescription/ Refill Policy. Policy #2
- _____ 3) I have read and agree to Pain Specialists of Greater Chicago Controlled Substance to Treat Chronic Pain Policy. Policy #3
- _____ 4) I have read and agree to Pain Specialists of Greater Chicago Consent to Treat with Opioids Policy. Policy #4

***I will be using the following pharmacy for my prescriptions:**

Pharmacy Name _____ Phone _____

Signature _____ Date _____

Print _____ E-mail Address _____