



Rama Letchuman, M.D. Kathleen Majors, M.D.
 Matthew Mosura, M.D. Ross B. Nelson III, M.D.
 Board Certified in Pain Management

Medication Refill, Narcotic Management and Monitoring (Med-Check)

Patient to Complete this Section

Dr. Nelson Dr. Letchuman Dr. Majors Dr. Mosura

Date: _____ Workers Comp: Yes No

Name of Patient: _____ Date of Birth: _____

Chief Complaint: _____

Pain Level: LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Any Side Effects from Medications? _____

Work Status: Full-time Part-time Full-duty Restricted-duty Retired Disabled Never-worked

Patient Signature: _____

Clinic Staff to Complete this Section

Verbal Order for UDS

Date of Last Follow-up Visit: _____

Mental Status: Alert Drowsy Cooperative

Vitals: BP _____ Pulse _____ Pulse Ox _____

Diagnosis on Record: _____

Plan:

Previous urine drug screen results were reviewed by the physician. Following assessment to decrease the risk of diversion and abuse; and improve compliance, a prescription for the necessary medication, signed by the physician, was given to the patient today.

Clinic Staff Signature: _____ Date _____

Medical Assistant: Tremaine Brown, MA / Jon Samuels, MA / Kaneisha Fuller, MA

NP/PA/RN: Eileen Garland, NP / Fran Bennett, PA / Judy Roppolo, RN

Physician: Rama Letchuman, MD / Ross Nelson, MD / Kathleen Majors, MD / Matthew Mosura, MD