



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: _____

Address: _____

Phone Number: _____ (Home) _____ (Cell) _____ (Work)

Area of Pain: _____

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

Any Side Effects from Medications? _____

Tobacco Use? Yes No/Never Former User – How many years did you smoke _____

If Yes, Type Cigarette Cigar Pipe Chewing Smokeless Daily Use _____

Patient Signature: _____

Clinic Staff to Complete this Section

Controlled Substance Agreement Signed

Medication Reviewed

Verbal Order for UDS

Date of Last Follow-up Visit: _____

Mental Status: Alert Drowsy Cooperative

Vitals: BP _____ Pulse _____ Pulse Ox _____

Clinic Staff Signature: _____ Date _____

Medical Assistant: Denise Outlaw, MA / Verna Jenkins, MA / Erin Fegley, MA / Marte' Williams, MA / Rachel Poland, 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