## **Pledge of Treatment Agreement**

Sage Mountain Health, 1341 Harrison, suite 15, Butte MT 59701 406 299-2944

## I pledge as a patient of Sage Mountain Health to;

Patient	Signature Date
9.	Agree to follow the prescription instructions.
8.	Agree not to obtain medications from other providers, physicians, pharmacies, or other sources without informing my treatment provider.
7.	Responsible safe storage of medications
6.	Medications will be provided during schedule office visits.
5.	Agree not to deal, steal, or conduct other illegal or disruptive activities.
4.	Agree not to sell, share, give any medication to others.
3.	Refrain from arriving intoxicated or under the influence of drugs.
2.	Be courteous in the off and surrounding area.
1.	Arrive at all appointments punctually.