**After your appointment, please give this form**

**and packet to the Practice Assistant!**

**------------------------------------------------------------------------------------------------------**

For the physician or physician assistant:

|  |  |
| --- | --- |
| *Tasks*  *DUE for patient* |  |
| ▢ | **Pain Management Panel Urine Test**  *Order the “Pain Management” test in Epic* |
| *Notes:* |
|  |
| ▢ | **Naloxone Ordering and Teaching** |
| *Notes:*  *Identified safety partner? \_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |
| ▢ | **Opioid Treatment Agreement**  *(Needed annually or when doctor changes;*  *placed in ‘same day scan’)* |
| *Notes:* |
|  |

**------------------------------------------------------------------------------------------------------**

**After your appointment, give this form**

**and packet to the Practice Assistant!**