

ALI MAKKI, DMD
Headache and Facial Pain Disorders
41 Creek Road, Suite 340, Irvine, CA 92604-4724
(949) 706-5581 phone • (949) 229-6226 fax
ask@headandfacepain.com
headandfacepain.com

MEDICATION AND PRESCRIBING AGREEMENT

The outcome of your treatment will be optimal only with your full participation and cooperation. Prescribed medications (if applicable) require close monitoring for safety and efficacy. We must also stay informed about all aspects of your general, physical, and mental health in addition to the condition you are being treated for by this office. So, we need to know the details of the care you receive from other healthcare providers to ensure your well-being and to help optimize your care. Please review and acknowledge the following points:

- (1) Use medications only as prescribed and keep regular follow-up appointments to monitor the outcome of dose adjustments. Once your condition is stable, you should be reevaluated at least every 3 to 6 months, depending on the type of medication and based on your diagnosis to continue receiving refills. Some medications may require routine monitoring by blood tests and other diagnostic modalities.
- (2) Medications prescribed by Dr. Ali Makki shall not be discontinued without prior communication with this office unless you experience an allergic reaction or an intolerable or potentially harmful side effect. Dosage of medications prescribed by Dr. Makki shall not be altered if you initially feel no benefit and there is no side effect. Dose increases may be required before any benefit may be noticed or take effect.
- (3) Side effects listed for a particular medication will not necessarily be experienced by an individual taking it. However, if any suspected side effects of the prescribed medication should occur, then it must be reported to Dr. Makki immediately, so specific precautions may be taken as soon as possible.
- (4) This office is not an emergency facility and is not equipped to provide emergency medical care. If you experience a worsening of your diagnosis or have a medical emergency because of not taking a medication prescribed by this office or experience a potential side effect from a prescribed medication or have a possible drug-drug or drug-supplement interaction, please call 911 to seek immediate medical attention.
- (5) During the course of your treatment by Dr Makki, if you are prescribed any pain medication, sedative, and/or potentially sedating medication, such as muscle relaxants or opiates, by other healthcare provider(s) you must notify Dr. Makki immediately, or you will not be able to continue your care at this office. If opioid medications are suggested or prescribed by another provider for your treatment (of any condition—related or unrelated to your condition treated by Dr. Makki), you will abide by a separate binding opiate medication contract that is provided to you by the other healthcare provider. Please note that this office will not prescribe or take over opiate prescriptions and may need to coordinate care with other prescribers to ensure your safety.
- (6) Addition of a new medication or changes to current medication(s) and supplements prescribed by other providers, and the use of over-the-counter products should be reported to Dr. Makki immediately. You must also report any change in your medical history, health status, treatment outcomes, and any hospitalization or surgery to Dr. Makki as soon as possible.
- (7) Always request refills through your pharmacy first before calling this office. If you run out of refills, then your pharmacy will notify this office for authorization. Lost or damaged prescription medications for controlled substances cannot be replaced until they are due at the refill interval.
- (9) You acknowledge that Dr. Makki may share information regarding your treatment with any of your health care providers only by your written consent in accordance with State and Federal privacy statutes of the United States of America and per applicable statutes as stipulated by the current version of the Health Insurance Portability and Accountability Act (HIPAA) and all applicable laws and regulations. You may also choose to allow any of your other health care providers to share medical and/or psychological treatment information with Dr. Makki, including the results of psychological inventories such as the MMPI-2 or other relevant test results as permitted by applicable laws only by your written consent.
- (10) You agree to allow monitoring of your weight, height, and other vital signs in addition to medication serum levels as necessary by testing your blood and/or urine. You also agree to ordering relevant psychological inventories/tests, including but not limited to PHQ-9, MMPI-2, etc. by Dr. Makki as deemed clinically necessary.
- (11) You agree that all treatment discussions must occur within your scheduled visit (in-person, by phone or through virtual encounters). Unscheduled calls to speak with Dr. Makki must be reserved for time-sensitive medication concerns only. Extended care services are available and recommended for more detailed and lengthier interactions for patients whose condition necessitates frequent calls and longer communication.

Signature of Patient or Representative

Printed Name

Date (mm/dd/yyyy)