



Pain Management Notification

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This document is brought to you by the Gaston Controlled Substances Coalition. Its purpose is to serve as the standard template that we, healthcare providers in the community, may use to communicate with one another as we navigate the care plan for **pain management**. For more information about this coalition, please visit:

To Provider: _____	Date: _____
From Provider: _____	
Contact Number: _____	
Contact Name: _____	

Patient Name: _____	DOB: _____
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****PLEASE CONTACT PROVIDER****

<p>The patient listed above was seen in our office / pharmacy on ___/___/___ . Please contact the above provider at your earliest convenience.</p>

PLEASE REVIEW INFORMATION

<p>The following information may be valuable to consider in patient care decisions:</p> <p><input type="checkbox"/> Patient missed appointment <input type="checkbox"/> Patient received naloxone</p> <p><input type="checkbox"/> OTHER:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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