

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of High-Dose Opioid Prescription Management

Dear [Patient Name],

This letter is to formally document our clinical discussion regarding your current pain management regimen. You are currently prescribed a high-dose opioid medication totaling [Insert MME/Day] Morphine Milligram Equivalents (MME) per day.

As your healthcare provider, my primary concern is your safety. Clinical guidelines from the CDC and medical boards indicate that dosages exceeding 50-90 MME per day carry significantly increased risks, including:

- Respiratory depression and fatal overdose
- Opioid Use Disorder (OUD)
- Hyperalgesia (increased sensitivity to pain)
- Hormonal and immune system dysfunction

To continue this treatment plan, we must adhere to the following requirements:

1. **Naloxone:** You must keep an active prescription for Naloxone (Narcan) at home.
2. **Monitoring:** You agree to frequent office visits, random urine drug screenings, and regular checks of the Prescription Monitoring Program (PMP).
3. **Evaluation:** We will regularly assess if the medication is improving your functional goals rather than just reducing pain scores.
4. **Tapering:** If clinical benefits do not outweigh the risks, we will initiate a slow, medically supervised dose reduction.

Please sign and return the enclosed Opioid Treatment Agreement. If you have any questions regarding these safety protocols, please contact the clinic at [Phone Number].

Sincerely,

[Provider Name, Credentials]

[Clinic/Practice Name]

Patient Acknowledgment:

I have read and understand the risks associated with high-dose opioid therapy.

Signature: _____ Date: _____