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Family Medicine - Board Certified
Addiction Medicine- Board Certified
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FAMILY MEDICINE | ADDICTION MEDICINE | MENTAL HEALTH
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TODO TODAY

_____ You must call/text me by 5pm **TODAY** with the update how you are feeling

_____ you will **NOT TAKE MORE** medication without **ME** telling you to do so !!!

_____ You must promise me that **you wont drive today** or anytime you feel dizzy or lightheaded.

_____ You **MUST** promise to **not take** “a bit more because I felt like I needed it”

_____ You **MUST** promise to let **ME make your dose changes**. You will never ever change your dose.

I HAVE RECEIVED A COPY OF THIS FORM

READ TO PATIENT By : _____ DATE _____

Andreas J. Edrich M.D FASAM MRO