



Acknowledgement and Consent for Treatment using Schedule II and Schedule III  
Controlled Narcotic Medications

Dr Matthew Riley, Dr Casey Hogan, Dr Amy Cassady, Dr Jake Murley, Dr Jonathan Taylor, Dr Janella Brown

I understand and it has been explained that my condition as examined and evaluated by the team at Riley Dental Group may require the issuance of a Schedule II or a III controlled Narcotic.

This medication may have side effects that include but are not limited to constipation, nausea, vomiting, excessive drowsiness, itching, urinary retention, insomnia, impairment of reasoning and judgment, respiratory depression (slow or no breathing), impotence, tolerance to medication(s), physical and emotional dependence or even addiction, and death. I understand that it may be dangerous for me to operate automobiles or other machinery while using these medications and I may be impaired during all activities, including work.

I further understand that Kentucky House Bill 1 restricts the amount of Schedule II and III narcotic medication issued and when such medication can be filled.

I acknowledge that should additional medication be necessary, I will be required to return to Riley Dental Group for further evaluation before more Schedule II or III narcotic medication is issued or refilled more than once; at which time a fee may be required for such service.

I also understand that this office will be required under Kentucky House Bill 1 to investigate and review prior Schedule II or III narcotic medication received before issuing such medication.

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**For Female Patients Only:**

To the best of my knowledge \_\_\_\_\_ I AM Pregnant \_\_\_\_\_ I AM NOT Pregnant

I understand that I must inform the doctors immediately if I am pregnant, as the medications prescribed could have an adverse effect upon me and/ or my unborn child.

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Patient's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Patient's Signature \_\_\_\_\_  
Guardian's Printed Name \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_



**Riley Dental  
Group**

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