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# Opioid - Treatment Agreement

OTA

## Worker Information

Last Name	First Name	WCB claim number
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## Opioid Treatment Agreement

The Workers Compensation Board (WCB) of Manitoba requires that this treatment agreement, between the injured worker and the prescribing doctor, be completed before payment for opioid medication will be considered. The use of a treatment agreement follows best practice as recommended by the National Opioid Use Guideline Group (April 2010).

I am an injured worker who has been prescribed opioid medication. The purpose of this medication is to help ease my pain in order to help improve my function at home and/or work. My doctor has told me about the common side effects and risks related to using opioid medications, including the risk of dependence.

I understand and agree to the following:

1. Dr. \_\_\_\_\_ has prescribed opioid medications for me. I will not obtain an opioid prescription from any other doctor.
2. I will not take opioid medications in larger amounts or more frequently than prescribed by my doctor.
3. I will only use these medications myself. I will not give, share or sell my opioid medications to anyone else.
4. I will only go to the following pharmacy for my opioid medications:  
 Pharmacy name \_\_\_\_\_  
 Pharmacy address \_\_\_\_\_  
 I will not get opioid medications from any other pharmacy or person.
5. I will not use over-the-counter opioid medications, such as 222's and Tylenol #1, recreational drugs or alcohol while being treated with prescribed opioid medication. I agree not to use any other medication without telling my doctor.
6. I will keep my opioid medications in a safe and secure place.
7. If my prescription runs out early, for any reason (for example if I lose the medication, it is stolen or I take more than prescribed), my doctor will not prescribe extra medication for me; I will have to wait until the next prescription is due.
8. I will attend all appointments scheduled for me by my doctor.
9. I agree to cooperate with my doctor and fully participate in any recommended treatment or rehabilitation programs.

If I do not follow all of the above conditions, my doctor may stop prescribing opioid medications and/or the WCB may stop paying for these medications.

Worker's signature	Date
Doctor's Signature	Date