


▼ Important (Advisory: 1)

 Opioid medication management agreement not identified in eCare system. If the opioid you are prescribing is for chronic use, please complete and file an Opioid Agreement.

[Opioid Medication Management Agreement \(Blank Form\)](#) ↗


 Acknowledge Reason _____

Will complete & file agreement

Agreement previously completed/filed

Not indicated at this time

Accept & Stay

 Accept

Dismiss