Central Arizona Pain Institute
Interventional Spine & Pain Management
2100 Centerpointe West Drive
Prescott, AZ 86301
Phone: 928.717.0788 www.centralazpain.com Fax: 928.717.0748

VERIFICATION OF AUTHENTICITY FOR PAIN MANAGEMENT

Unfortunately, the following has become necessary because individuals present who "pretend" to be pain patients and law enforcement officers have presented to various clinics for the sole purposes of investigating a physician's prescribing practices. This form is to acknowledge that you do not belong in either of these two groups.

I, _____, am seeking healthcare services and treatment of a painful condition from Eric Baumann MD, PC (dba Central Arizona Pain Institute). I understand that my accuracy, completeness, and truthfulness in reporting my history and symptoms will directly contribute toward forming an optimal treatment plan. I will disclose the names of all prior treating physicians with specific information as to those who prescribed controlled substances, and the pharmacies where they were obtained. I will not deliberately misrepresent my history regarding the use of medications. I understand obtaining controlled substances (pain medications) through false representation is a crime and that I will be reported to law enforcement officials for attempting to fraudulently obtain such medication for non-therapeutic purposes.

_____	_____
Patient's Signature	Witness' Signature
_____	_____
Patient's Printed Name	Witness' Printed Name
_____	_____
Date	Date