LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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FROM THE DESK OF THE EXECUTIVE DIRECTOR



Dear licensees and stakeholders:

I hope you are enjoying the fall weather, at last.

It may not surprise you to know that in this era of cybersecurity challenges, scams concerning our licensees are also increasing. In addition to various attempted hoaxes detailed later in this letter, we have evidence that disgruntled employees may be abusing their access to our licensing dashboard to spite previous employers. We urge you not to give your login credentials to anyone who should not have them. For this reason, we will be implementing a new proxy or delegate system similar to that used by the prescription monitoring program (PMP) to protect licensees and our system.

Speaking of things cyber in nature, the board is working with other boards, regionally and nationally, to be prepared for regulatory responses to Artificial Intelligence (AI). As a starting point, the board has agreed in principle that:

> "The practice of medicine is a healing art based on science in which one human provides care and compassion to another human in the treatment and management of acute and chronic disease.
>
> An AI agent only provides healthcare as manifested by suggestions and recommendations for treatment and management of medical problems."

The end of the year and the holidays, while often a time of joy, can also be stressful. We hope that our licensees will take care of their own mental and physical health as they care for others. As part of an ongoing feature in the newsletter, we will be reprinting some of Dr. Piland's letters from the Healthcare Professionals Foundation of Louisiana (HPFL) newsletter.

Stay well,

Vincent A. Culotta, Jr.

PUBLIC BOARD ACTIONS, JULY 2026 - SEPTEMBER 2026

Below is a list of all licensees who were subject to a public board action, July - September 2026. (Board actions include notices of summary suspension, reprimands, probation, conditions, reinstatements, voluntary surrenders, etc.)

For further details on each of these disciplinary actions, please go to our disciplinary actions webpage and click on the additional documents pertaining to the named licensee.

Cassandra Brandon, MD – Consent order for reprimand of medical license, 08/24/2026.

Patrick H. Deere, MD - Consent order for reprimand of medical license, 08/24/2026.

Cosmin Dobrescu, MD – Decision to maintain suspension of medical license after administrative hearing, 06/22/2026. (Report not received until July)

Roderick Lee Mitchell, MD – Decision to deny request for renewal of medical license after administrative hearing, 08/24/2026.

Sherri Michelle Smith, CLP - Notice of summary suspension of clinical laboratory personnel license, 07/28/2026.

Kerry E. Sterling, MD – Notice of summary suspension of medical license, 08/13/2026.

Roland Kuo-yang Tang, MD – Stipulation and agreement for voluntary surrender of medical license, 07/01/2026.

Advisory Committee Updates

Since the July newsletter, the advisory committees for the Athletic Trainers (August) Occupational Therapy (September), and Respiratory Care (September) all had meetings. To see the agendas and recorded live streams of past meetings, as well as information on upcoming meetings please go to our Advisory Committees webpage.

CHANGES AT THE BOARD

Effective mid-October, Dr. Roderick V. Clark has left the board as he had reached the end of his legally permitted term of service. Dr. Clark had served on the board since March 2014, serving as board president from July 2019 to July 2021 and again from July 2024 thru September of 2026. During his presidency he worked tirelessly with board staff to enable more efficient and cost-effective operations and consideration of the rights of the public and licensees. His service is greatly appreciated.



Dr. John A. Gonzalez will assume the vacancy created by Dr. Clark's term limit as a board member nominated by the Louisiana State Medical Society. Dr. Gonzalez is board certified in Obstetrics-Gynecology as well as the subspecialty of Urogynecology and Reconstructive Pelvic Surgery. He was born in New York then moved to Florida as a young child. He pursued his undergraduate degree in Chemistry from the University of Florida, graduating in 1991. Dr. Gonzalez obtained his MD from the University of Miami School of Medicine in 1995, and subsequently did his residency in Obstetrics-Gynecology at the Orlando Regional Healthcare System, where he also served as chief resident. In 1999 he co-founded his current OB and reconstructive surgery practice in Crowley, Louisiana, obtaining an MBA from Auburn University in 2013. He is married with 2 grown children.

Dr. Wyche T. Coleman, Jr. has assumed the role of board president.

Effective September 30, 2026, the board accepted the resignation of Dr. Michael C. Francis as Director of Investigations (DOI). Dr. Francis served the board as Assistant Director of Investigations beginning in March of 2022 and was promoted to Director of Investigations in February 2025. The board appreciates Dr. Francis for his years of service in the Investigations and Enforcement section and wishes him well. Dr. James Tebbe, the Assistant Director of Investigations, is serving as interim DOI.

The board will be performing a search for the position of DOI; anyone who would like more information on the position may contact Human Resources at twarren@lsbme.la.gov.

Licensee Responsibility to Keep Contact Information Up to Date

All licensees should be aware that if you have a new address or email address, it is YOUR responsibility to log on to the LaMED Dashboard at https://online.lasbme.org/#/ and make the change to your record. (You may also go to the home page at www.lsbme.la.gov and click on LaMED Dashboard on the top left) Board staff cannot do this for you. To make sure that emails and communication by regular mail are reaching you, please make a point of changing your contact information as necessary. **Please make sure that the mailing/user email field contains the email that you see and read, and that it does not go to the office manager or other personnel**. Do not share your password for your LaMED Dashboard account; this is for **your** private use only.

RULES PROPOSED OR ADOPTED SINCE LAST NEWSLETTER

Rules Noticed

Physician Assistants (LAC 46:XLV.147, 1501, 4501)
Proposed amendments to rules governing PAs to update terminology, update the obligations and responsibilities of supervising physicians and physician assistants, and define terms.

Adjudication Cost Recovery (LAC 46:XLV.9935)
Proposed amendments to rules governing assessment of costs and fines following adjudication to remove the cap on the recoverable amount.

Private Radiological Technologists (LAC 46:XLV. 2901)
Proposed amendments to rules regulating private radiologic technologists to create a certificate entitled "Limited Private Radiological Technologist" which grants the holder with a limited scope of practice - application of ionizing radiation to specific parts of the human body for imaging purposes, excluding the administration of radiopharmaceuticals, while under the supervision of a licensed physician. The proposed rules additionally provide for the renewal of the certification.

Rules Adopted

Physicians – Continuing Medical Education (LAC 46:XLV 433-449)
Amended the CME rules to allow physicians to receive credit for participation on Medical Review Panels.

Medical Psychologists (LAC 46:XLV. Chapters 39 and 61)
Amended the rules for the practice of Medical Psychology to conform to legislative changes regarding interaction with primary care providers, to add definitions, to make changes to continuing education requirements, and to make minor typographical changes.

BEWARE OF SCAM ARTISTS!

Our licensees must remain vigilant. Since our last newsletter, not only has a new board member received a threatening phone call from someone who claimed to be from the board, but another board official's voice was used in a voice-phishing attempt.

If you receive a call from someone purporting to be from the LSBME, even if it looks like our main number, or sounds like someone you know, hang up and call us back at our main number. Please use (504) 568-6820 and not any number specified in the message and ask to speak to the person who called you, or to the Investigations department. If you receive a communication from us saying that you are being investigated, and must do something IMMEDIATELY to preserve your license, it is a scam. If you are told not to mention your investigation to anyone, it is a scam. If you are the recipient of any such communication via phone or fax or email, call our main number at (504) 568-6820 and ask to speak to someone in the Investigations department to verify whether there is an investigation. You will never receive communication from us via text, and you will never be asked to send money on an urgent basis to protect your license. At this time you can call our number with complete confidence that a legitimate board employee will answer and direct your call appropriately.

If you are the subject of an investigation, you may receive a call, but any requests from us regarding more information will come in writing, and there will not be any financial requests unless you have a negotiated consent order or hearing after due process has been followed. The federal government tracks all of these attempted scams. Please report any such attempt via the internet to the FBI's Internet Crime Complaint Center at www.ic3.gov.

Please be on the lookout for any emails coming from @la-gov.us.
We just received notice from the Louisiana Department of Health (LDH) of a phishing attempt using a fake email domain. According to LDH, their cyber team "has identified a phishing campaign in which a threat actor is using the email domain **@la-gov.us** to impersonate State of Louisiana employees. These emails are being sent to external partners, vendors, and other organizations in an attempt to appear as legitimate communications from DOA/State employees."

The LSBME's correct email domain is @lsbme.la.gov and the State's correct email domain is @la.gov. Please treat any emails received from @la-gov.us as suspicious.

SPECIAL INFORMATION FOR DIFFERENT LICENSEE GROUPS

Physicians Participating in Medical Review Panels

The Board amended its rules governing continuing medical education to allow physicians to receive credit for participating on medical review panels. Physicians will be granted 3.5 credit hours for each MRP, for a maximum of 7 credit hours annually. For more information, please contact education@lsbme.la.gov.

Respiratory Therapy Scope of Practice Question – June 22nd Meeting

During the meeting, the Board was presented with a request from a Louisiana hospital for a ruling as to whether Respiratory Therapists (RTs) who are part of a pediatric transport team can be able to witness for the "wasting" of controlled medications. The Board voted unanimously to approve RTs ability to witness in this situation.

To see the full minutes of the June 2026 meeting and other board meeting minutes, click here.

How to get CE Credit for OT preceptorships

A reminder to Occupational Therapists: The Occupational Therapy rules provide for up to 4 hours of annual CE (1 hour per 3-week period) if the OT serves as a preceptor for Level II fieldwork to an OT or OTA student in an ACOTE accredited program. To obtain credit, the fieldwork preceptor must have a letter or certificate from the Academic Fieldwork Coordinator of the affiliated school attesting to the licensee's role and number of weeks as a level II fieldwork educator/preceptor. The certificate must be uploaded to CE Broker as "Level II Fieldwork" with the appropriate number of hours.

PRACTITIONER WELLNESS CORNER

The article below is reprinted from the HPFL Q4 Newsletter

Shift Work in Medicine: Implications for Healthcare Workers and Patient Safety

By Jay Piland, MD, HPFL Medical Director

Healthcare responsibilities are 24/7 and unpredictable; illnesses, accidents, and labor do not wait for convenient times to occur. Inpatient facilities and emergency departments have round-the-clock needs requiring physicians and other healthcare workers to be on shift all day and night. Shift work by healthcare workers is a fundamental component of healthcare delivery; it is most prevalent in certain specialties of medicine (Emergency Medicine, Hospital Medicine and Intensivists, Neonatology, Laborist OB, Anesthesiology, and Trauma Surgery). While essential for patient access and patient safety, it can present significant physiological and professional challenges. [1] There are ways to combat the demands of shift work and alleviate the effects of disrupted sleep schedules.

Individuals working the night shifts experience intrinsic problems due to the deviation of sleep schedules; night Shift workers sleep 30 to 60 minutes less than their daytime counterpoints; The circadian misalignment and sleep loss produces consequences for physician health, clinical performance, and patient safety. That sleepiness can progress to **Shift Work Sleep Disorder**. Shift work sleep disorder is insomnia or excessive sleepiness related to work schedule; shift work sleep disorder primary affects one's ability to fall asleep and stay asleep; shift work sleep disorder can also cause unwanted fatigue and sleepiness. For the disorder to be clinically diagnosed it must persist for at least 3 months, and the symptoms are no better explained by another sleep, medical, psychiatric or substance-related disorder. [2] On average, individuals with shift work sleep disorder have 90 minutes of lost sleep which is often fragmented and less restorative; this lack of sleep manifests with impaired vigilance, processing speed, reasoning, cognitive flexibility, error detection, psychomotor precision, and emotional regulation, potentially increasing adverse patient outcomes.[3] The myriad symptoms from shift work result in increased risks for a variety of adverse health outcomes beyond sleep including metabolic syndrome, weight gain/obesity, cardiovascular disease, cancer, and pregnancy complications. [1] Estimates are such that approximately 30 percent of night shift workers show at least partial circadian adjustment to their work schedule which can result in experiencing excessive sleepiness during working hours and significant sleep disturbances, and the effects of not getting appropriate sleep can impact many aspects of one's health. These realities are not only for the individuals on structured shifts, but also providers who are on call or have responsibilities beyond direct patient care. The constant demand of being available, professional, and accurate can be stressful and anxiety inducing additional barriers to healthy sleep. It is ultimately up to healthcare providers to ensure they are healthy and unimpaired in any capacity.

There are evidence-based mitigation strategies available for both institutions and individuals using specific scheduling and lifestyle adjustments to tackle the negative effects of night rotations. Management of the circadian biology requires distinct approaches depending on whether you work in

irregular/rotating schedule or a fixed night schedule. Accomplished by using the **Anchor Sleep Method** by securing a 3-to-4-hour window where you can sleep every single day regardless of schedule and splitting sleep with on work nights supplement early sleep with a second 3 to 4 hours "top-up" sleep right before your next shift is a technique used by many high performing professionals. The Fixed Night Shift Strategy **(Permanent Shift Method**) has a goal to completely flip your biologic clock and keep it there by maintaining the schedule on days off by keeping your bedtime and wake time within one to two hours of your workday routine and avoid flipping back. To execute these strategies successfully, you must actively manipulate light exposure, melatonin, and caffeine across a 24-hour interval.[4] It is also important to stay dynamic and active on days off by sticking to routines. By being mindful of the work schedule and applying techniques that fit individualized lifestyles will have the best results. Sleep is important to all aspects of health and function for everyone.

Ultimately, protecting physician health and well-being is not only a professional and institutional responsibility but also an essential component of maintaining high-quality patient care and safeguarding patient safety.

1. Cheng P, Drake CL, et al. *Sleep-wake disturbances in shift workers*. UpToDate. Waltham, MA: UpToDate; updated May 2026.
2. American Academy of Sleep Medicine. *International Classification of Sleep Disorders, Third Edition, Text Revision (ICSD-3-TR).* Darien, IL: American Academy of Sleep Medicine.
3. Boivin, D. B., Boudreau, P., & Kosmadopoulos, A. (2022). Disturbance of the circadian system in shift work and its health impact. *Journal of Biological Rhythms, 37*(1), 3-28. https://doi.org/10.1177/07487304211064218
4. Ganesan, S., Magee, M., Stone, J. E., Mulhall, M. D., Collins, A., Howard, M. E., Lockley, S. W., & Rajaratnam, S. M. W. (2019). The impact of shift work on sleep, alertness, and performance in healthcare workers. *Scientific Reports, 9*, 4635. https://doi.org/10.1038/s41598-019-40914-

The HPFL can be reached at (888) 743-5747 or (225) 291-5000

CE Broker commonly asked questions/issues

The most frequent call or email regarding continuing education and renewal that we get here at the board is the question, "I tried to renew and I can't because CE Broker is telling me my transcript isn't complete." **Why does this happen?**

1. **Certain requirements have not been met**. In some cases, this happens because certain very specific requirements, i.e. a Laws and Rules course, or a statutory requirement like the CDS-CME course have not been taken.

2. In some cases, **the date you took a course is from a previous cycle and does not count in your current renewal cycle**. Remember: except for Athletic Trainers, Midwives, Medical Psychologists, and Clinical Laboratory Personnel, who all renew in the same month, for everyone else, their renewal cycle begins after their birth month and goes until their birth month of the following year.

3. **There was a "pullback" from a previous renewal cycle that you were unaware of**, so you have fewer hours of CME or CE posted in your current renewal cycle than you think. In cases where you are missing something as you are about to renew, but in the meantime have posted CE credits pertaining to your next cycle, CE Broker will sometimes "pull back" an hour or two so that you are able to renew immediately. This is helpful to you, but then, when you are renewing a year later, you are "short" a few hours. This means you will have to supplement the difference by making up a few additional hours.

   HOW CAN YOU TELL THIS IS HAPPENING? After logging into your account, you will see text in red that says something like, "Posted to Prior License Cycle" or "Excess Hours Not Applied" next to one of the courses you posted.

4. **The system may not be looking at your current renewal cycle**. You have posted courses for the current cycle, but they don't seem to be counting. This usually happens if for some reason you renewed late the year before. Occasionally it just happens. If that is the case, email CE Broker at support@cebroker.com. It may be a day or so before they fix it, but they will.

   HOW CAN YOU TELL THIS IS HAPPENING? After logging into your account, under "Credentials overview," click on "View details" on the right side of your screen. Among other things, this will show you your renewal cycle. If it shows the prior cycle, email CE Broker and they will correct it so your dashboard reflects the current renewal cycle.

PLEASE DO NOT WAIT UNTIL THE LAST FEW DAYS OF YOUR RENEWAL CYCLE TO CHECK YOUR CE BROKER ACCOUNT. GIVE YOURSELF A FEW DAYS TO ADD NECESSARY CE OR CORRECT ANY ISSUES.

NEW RETIRED/VOLUNTEER PHYSICIAN LICENSE FOR PHYSICIANS 70+ YEARS OF AGE

A year ago, the board began issuing a new type of license to physicians 70 years of age and older, who still wish to practice and prescribe on a limited, volunteer basis. This license is half the cost of a regular unrestricted physician license. The CME requirements for this license are also one half that of a regular license: 10 hours annually.

A physician may opt for ~~a~~ "Retired Physician - Volunteer" status if the physician holds an unrestricted license to practice medicine issued by the board, is 70 years of age or older, and attests that he or she will limit his or her practice to volunteer services without payment, pecuniary gain, compensation, or remuneration of any kind. The physician must agree to limit his or her practice to:

1. providing services to family or personal acquaintances;
2. providing services at volunteer or charity clinics for no more than 20 hours per week, or
3. providing services through a foreign volunteer or charity medical mission program.

This license differs from the retired reduced fee (honorary) license the board has had for many years, which does not permit the holder to prescribe legend drugs nor practice in any way.

Practitioners who wish to obtain this retired/volunteer physician license must apply online via their LaMED portals and must attest to various conditions. Once granted, subsequent renewals are similar to the renewals process for the standard physician license. Physicians may apply for this license at any time once they are 70 years of age or older; this does not have to occur in the regular renewal month.

Physicians who meet the requirements and are interested in learning more about this licensure type should contact licensing@lsbme.la.gov.

REMINDERS FOR NEW LICENSEES

New licensees should be aware of certain CME/CE requirements you must fulfill before your first renewal, as well as your ongoing required hours for subsequent renewals. You must set up an account on our electronic education tracker, CE Broker, if you have not already done so. **All coursework to meet your required hours (or for physician assistants your NCCPA certificate of compliance) must be posted on your transcript in CE Broker or you will be unable to renew your license.**

New licensees must take a Laws and Rules course on your profession before you renew for the first time, except for Clinical Exercise Physiologists and Perfusionists. You can find links to these courses on our Continuing Education page. Or you can search for them on CE Broker under the LSBME as the provider.

Those licensees who prescribe controlled substances (Physicians, Physician Assistants, Podiatrists and Medical Psychologists) have a one-time requirement per Act 76-2017 to take the **Board-Approved** course on the prescribing of Controlled Dangerous Substances (CDS) offered by Medical Interactive. Please access the course through our website. Click here for more information, or go to https://medicalinteractive.com/lsbme to enroll in the course. The course is free to all prescribers. If you are not prescribing CDS in Louisiana, you may fill out an exemption form on that page, send it to cdscme@lsbme.la.gov for approval.

If you are a prescriber who filled out an exemption request form for this requirement because you were not prescribing CDS at the time but whose practice has changed, you are required to take the course. **Prescribers are also reminded that this requirement is for the prescribing of ALL CDS, not just opioids or schedule 2 drugs.**

For instructions on how to create a free CE Broker account, click here.

Questions/Comments? Something you'd like to see in the Newsletter? Email: Education@lsbme.la.gov

The next few pages are a patient guide that is part of the Opioid REMs from the physician desk reference (PDR). Please feel free to reprint it and give it to your patients as needed.

Click on the link below for copies of the guide in English or Spanish for your patients.

https://www.opioidanalgesicrems.com/patientGuide.html

What You Need to Know About Opioid Pain Medicines

This guide is for you! Keep this guide and the Medication Guide that comes with your medicine so you can better understand what you need to know about your opioid pain medicine. Go over this information with your healthcare provider. Then, ask your healthcare provider about anything that you do not understand.

What are opioids?

Opioids are strong prescription medicines that are used to manage severe pain.

What are the serious risks of using opioids?

- Opioids have serious risks of addiction, abuse, and misuse, which can lead to overdose and death.
- The serious risks of using opioids can happen at any dose and at any time while you are taking the medication.
- **Too much opioid medicine in your body can cause your breathing to stop – which could lead to death.** This risk is greater if you are taking other medicines that make you feel sleepy or people with sleep apnea.
- **Addiction** is when you crave drugs (like opioid pain medicines) because they make you feel good in some way. You keep taking the drug even though you know it is not a good idea and bad things are happening to you. Addiction is a brain disease that may require ongoing treatment.

Risk Factors for Opioid Abuse:

- You have:
  - » a history of addiction
  - » a family history of addiction
- You take medicines to treat mental health problems
- You are under the age of 65 (although anyone can abuse opioid medicines)

- **You can get addicted to opioids even though you take them exactly as prescribed, especially if taken for a long time.**
- If you think you might be addicted, talk to your healthcare provider right away.
- If you take an opioid medicine for more than a few days, your body becomes physically "dependent." This is normal and it means your body has gotten used to the medicine. You must taper off the opioid medicine (slowly take less medicine) when you no longer need it to avoid withdrawal symptoms.

How can I take opioid pain medicine safely?

- Tell your healthcare provider about **all** the medicines you are taking, including vitamins, herbal supplements, and other over-the-counter medicines.
- Read the Medication Guide that comes with your prescription.
- Take your opioid medicine exactly as prescribed.
- Do not cut, break, chew, crush, or dissolve your medicine. If you cannot swallow your medicine whole, talk to your healthcare provider.
- When your healthcare provider gives you the prescription, ask:
  - How long should I take it?
  - What should I do if I need to taper off the opioid medicine (slowly take less medicine)?
- Call your healthcare provider if the opioid medicine is not controlling your pain. Do not increase the dose on your own.
- **Do not share or give your opioid medicine to anyone else**. Your healthcare provider selected this opioid and the dose just for **you**. A dose that is okay for you could cause an overdose and death for someone else. Also, it is against the law.
- Store your opioid medicine in a safe place where it cannot be reached by children or stolen by family or visitors to your home. Many teenagers like to experiment with pain medicines. Use a lock- box to keep your opioid medicine safe. Keep track of the amount of medicine you have.
- Do not operate heavy machinery until you know how your opioid medicine affects you. Your opioid medicine can make you sleepy, dizzy, or lightheaded.

What should I avoid taking while I am taking opioids?

Unless prescribed by your healthcare provider, you should avoid taking alcohol or any of the following medicines with an opioid because it may cause you to stop breathing, which can lead to death:

- Alcohol: Do not drink any kind of alcohol while you are taking opioid medicines.
- Benzodiazepines (like Valium (diazepam) or Xanax (alprazolam))
- Muscle relaxants (like Soma (carisoprodol) or Flexeril (cyclobenzaprine))
- Sleep medicines (like Ambien (zolpidem) or Lunesta (eszopiclone))
- Seizure and nerve pain medicines (like Neurontin (gabapentin) and Lyrica (pregabalin))
- Other prescription opioid medicines

What other options are there to help with my pain?

Opioids should only be used if other pain medicines don't work and if they are expected to do more good than harm. Opioids are not the only thing that can help you control your pain. Ask your healthcare provider if your pain might be helped with a non-opioid medication, physical therapy, exercise, rest, acupuncture, types of behavioral therapy, or patient self-help techniques.

What are naloxone and nalmefene?

- Naloxone and nalmefene are medicines that treat opioid overdose. They are sprayed inside your nose or injected into your body.
- Use these medicines if you have them and call 911 or go to the emergency room right away if:
  - You or someone else has taken an opioid medicine and is having trouble breathing, is short of breath, or is unusually sleepy
  - A child has accidentally taken the opioid medicine or you think they might have
- Giving naloxone or nalmefene to a person, even a child, who has not taken an opioid medicine will not hurt them.

Naloxone or Nalmefene are never a substitute for emergency medical care. Always call 911 or go to the emergency room if you've used or given these medicines.

Where can I get naloxone or nalmefene?

- There are some naloxone and nalmefene products that are designed for people to use in their home.
- Both medicines are available in pharmacies, and some naloxone products are available over-the-counter. Ask your healthcare provider about how you can get them. In some states, you may not need a prescription for these medicines.
- When you get your naloxone or nalmefene from the pharmacy, **read the Patient Information** on how to use them and ask the pharmacist if anything is unclear.
- Tell your family about your naloxone or nalmefene and keep them in a place where you or your family can get to it in an emergency.

How should I dispose of the opioid medicine?

When you no longer need your opioid medicine, dispose of it as quickly as possible to avoid any possibility of abuse or misuse by anyone else. The Food and Drug Administration recommends that you drop off your medicine at a drug take-back site or program or mail your medicine using a pre-paid drug mail-back envelope. If you cannot get to a drug take-back location or if a mail-back envelope is not available to you, your next best option is to immediately flush your medicine down the toilet. Find more information about disposal methods here: https://www.fda.gov/drugdisposal

What things should I know about the specific opioid medicine that I am taking?

- Your healthcare provider has prescribed _____ for you. Read the Medication Guide for this medicine, which is information provided by your pharmacy.
- Remember this other important information about your opioid medicine:

Dosing instructions: _____

Any specific interactions with your medicines: _____

_____

What if I have more questions?

- Read the Medication Guide that comes with your opioid medicine prescription for more specific information about your medicine.
- Talk to your healthcare provider or pharmacist and ask them any questions you may have.
- Visit: www.fda.gov/opioids for more information about opioid medicines.