



# Patient Agreement (Prescription Medication)

## IMPORTANT NOTE:

This Patient Agreement was developed for patients beginning treatment of [opioid analgesic](#) painkillers such as Codeine and Tramadol, or strong sleeping tablets / sleep aids such as Zopiclone and Zolpidem (Ambien):

- I confirm that I have recently visited my own [doctor / pharmacist](#) for an appointment.
- I require the specific medications that I have ordered for personal use only and I agree not to share, distribute or pass them along to another person.
- I agree to take care to read all product packaging inserts and labels before use.
- I acknowledge that before taking any new product I will consult with my doctor beforehand.
- I confirm that all questions have been answered truthfully and to the full extent of my knowledge.
- I am aware that if incorrect information is supplied by me, it could lead to unsuitable advice as well as incorrect medicine being given to me which could adversely affect my health.
- I have been completely informed and understand the benefits, the dangers and other possible adverse effects of the medicine I have purchased.
- In the case that any side effects or problems develop, I agree to directly contact a doctor in order to get help.
- In regards to the medicines that I have received, I will be responsible for keeping my own doctor informed.

By shopping on our website, you agree to abide by the Sleeping Tablets Direct Patient Agreement and you also confirm to have read and understood our [Medical Disclaimer](#).