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[www.TotalPainTreatment.com](http://www.TotalPainTreatment.com)

**Affirmation by Benzodiazepine Prescriber**

Patient Name (First, Middle, Last):	Date of Birth:	Today's Date:
Street Address:	City, State, Zip Code:	
Cell Phone Number:	E-mail Address:	

I, \_\_\_\_\_, am the Psychiatric MD/APRN/Primary Care Provider of the above-named patient who is currently under my care and treatment for the following diagnosis:

\_\_\_\_\_

The above-named patient is currently taking the following benzodiazepine medication(s) for the referenced diagnosis:

\_\_\_\_\_

I am aware the above-named patient is currently under supervised care provided by the Total Pain Treatment Centers of CT for the management of chronic pain. The concurrent use of opioids with benzodiazepines has been found to be associated with an increased risk of respiratory depression and fatal overdose.

It is my plan to:

Discontinue the use of benzodiazepines while safely weaning the above-named patient off their current regimen through implementation of the following tapering regimen:

\_\_\_\_\_

Continue the use of benzodiazepines while understanding the above-named patient is taking an opiate, believing the benefits of continuing to take benzodiazepines along with opiates outweighs the associated risk(s).

\_\_\_\_\_  
Prescriber/Provider Signature

\_\_\_\_\_  
Date