

NAME (Last) (First) (Middle Initial) (Degree)

ADDRESS

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American Society of Interventional Pain Physicians Membership Survey

Letters to Congress:

_____ I am sending a letter to my Representative and two Senators to prevent 5.1% cut

Comment letters to CMS:

_____ I am sending CMS letter

IPM Designation:

_____ I have already enrolled in _____ specialty designation

_____ I will enrolling in _____ specialty designation

DEA Proposed Rule: Regarding Schedule II substances with a 90-day supply

- Multiple prescriptions for Schedule II substances with a 90-day supply
 _____ Support _____ Oppose
- Multiple prescriptions for Schedule II substances issued for 90 days post-dating for one-month supply at a time not to exceed a total of 90 days
 _____ Support _____ Oppose
- Keep the way it is now with 30 day prescription at one time
 _____ Support _____ Oppose
- I would like to propose a new option _____

Mail or Fax to:

American Society of Interventional Pain Physicians; 81 Lakeview Drive; Paducah, KY 42001
 Fax: 270.554.5394