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## STATEMENT – CONTROLLED SUBSTANCE REQUEST

I, \_\_\_\_\_, understand that New Hope Clinic will not  
(Printed full name of patient)  
**prescribe controlled substances, such as a narcotic for pain or an anti-anxiety medication, and no controlled substances are kept at the Clinic.**

**I understand that repeated requests for controlled substances will result in dismissal from New Hope Clinic.**

\_\_\_\_\_  
Date                      Patient/Legal Guardian Signature                      Printed Name

\_\_\_\_\_  
Date                      Reader/Witness Signature                      Printed Name