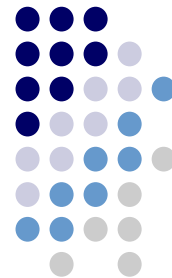


# Potential Diversion: Patients



## Possible Red Flags

- Patient demands immediate attention
- Patient recites textbook symptoms
- Patient gives very vague medical history
- Patient exaggerates medical condition
- Patient wants appointments towards the end of office hours or arrives after regular business hours
- Patient is not interested in an examination or undergoing diagnostic tests
- Patient is unwilling to give permission to obtain past medical records
- Patient claims they failed to pack medication, lost it, or that it was stolen
- Patient claims that hospital or clinic, with past medical records, is out of business or burned down
- Patient deceives doctors or seeks alternate doctors while normal doctor is out of the office
- Patient solicits Medicaid recipients to use Medicaid cards as payment method
- Patient offers to buy other patient's pills
- Patient alters prescriptions



[WWW.DEADIVERSION.USDOJ.GOV](http://WWW.DEADIVERSION.USDOJ.GOV)

Report forged, altered, or counterfeit prescriptions to local police.

Report drug diversion:  
**DEA Tip Line:** <https://www.dea.gov/ops/submit.php>

**Diversion Hotline:**  
1-877-792-2873

## Possible Signs of Drug-Seeking

- Fictitious records
- Wounds inflicted to self, family members, and pets
- Requests specific medication due to allergies
- Vacationing in area, no local address
- Requests pain medications for a pet

**DISCLAIMER:** This list is not all-inclusive. It is not the intent of this publication to reduce or deny the use of controlled substances where medically indicated.



# Potential Diversion: Practitioners

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## Questions to Consider

- Does the practitioner follow state laws when prescribing controlled substances?
- Does the practitioner conduct cursory medical exams or any medical exam at all?
- Does the doctor do diagnostic testing or refer patients out for diagnostic testing?
- Is the practitioner referring patients to other specialists (surgery, physical therapy, etc.)?
- Are the initial office visits or follow-up visits brief?
- Does the practitioner prescribe multiple drugs within the same drug category?
- Does the practitioner prescribe excessive quantities of controlled substances relative to the medical condition the prescription is purported to treat?
- Do patients travel a great distance to see the practitioner?
- Does the practitioner ignore signs of abuse?
  - Patient appears to be under the influence
  - Patient asks for the controlled substances he wants
  - Patient is doctor shopping in PDMP
  - Practitioner is warned by family members that the patient is abusing or selling his controlled substances
- Does the practitioner ignore toxicology reports?
- Does the practitioner only treat patients with narcotic controlled substances?
- Does the practitioner start on a low-dose or low-level controlled substance and then over time work up to higher levels, or does the practitioner just start patients on a high-dose narcotic?
- Does the practitioner continue to prescribe controlled substances to patients even though it would be ineffective for treatment purposes?
- Does the practitioner allow the non-medical staff to determine the narcotic to be prescribed, the practitioner just signs the prescription?
- Does the practitioner coach patients on what to say so that patients can get the narcotics that they want?
- Does the practitioner violate his own pain management policies and guidelines?
- Does the practitioner ignore warnings from insurance companies, law enforcement, other practitioners, family members, etc.?
- Does the practitioner receive other compensation for narcotic prescriptions (sex, guns, drugs, etc.)?
- Does the doctor still charge patients for visits if the patients do not receive narcotic prescriptions?
- Are patient deaths attributed to drug abuse or overdose?
- Does the practitioner use inventory for personal use?

DISCLAIMER: Doing one or more of these does not make prescribing illegal. It is the totality of the circumstances. This list is not all-inclusive.