

McLaren Print System Order

Order No: 31180
Order Date: 2017-10-10
User: shirley liddell
Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell
 4448 Oakbridge
 FLINT, MI 48532

Forms
Quantity: 500
Paragon Dept No: 43560
Dept Name: McLaren OakBridge Center PHP
Company Number: 60

Order Total Price: 18.00

Item Number: 17155
Item Description: Consent to Receive Psychotropic Medications
Revision Date: 9/20/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Misc Info:

McLaren Flint FLINT, MICHIGAN			
CONSENT TO RECEIVE PSYCHOTROPIC MEDICATION(S)			
A supplemental consent was given to this patient and guardian (as appropriate) to further explore the treatment, possible adverse reactions, and special instructions.			
NAME OF MEDICATION	DATE AND TIME THE SUPPLYING PHYSICIAN OR NURSE PREPARED OR ADMINISTERED MEDICATION AND ANY SPECIAL INSTRUCTIONS (if applicable) PERTAINING TO RECEIPT AND/OR MEDICATION	PHYSICIAN SIGNATURE OR EQUIVALENT SIGNATURE My signature acknowledges that the physician (or his designee) reviewed the medication's purpose, potential adverse effects and any special instructions. I voluntarily consent to take the medication.	SIGNATURE OF PHYSICIAN OR EQUIVALENT (NURSE, PRENURSING EDUCATOR TO ASSIST AND/OR GUARDIAN)

Spec Info:

It is my belief the patient or guardian signing this agreement has the ability to understand the risks and possible benefits of taking the prescribed medication.

Physician's Signature Date Time

CONSENT TO RECEIVE
PSYCHOTROPIC
MEDICATION(S)
FORM NUMBER



820
