

McLaren Print System Order

Order No: 44704 Reprint Previous Order No: 36427

Order Date: 2019-04-19 User: Verna Lee Phone: 989-370-2708

Ship Location: McLaren Standish Family Medicine

4489 M-61, Ste #1 Standish, MI 48658

Forms Quantity: 100

Paragon Dept No: 69800

Dept Name: McLaren Standish Family Medicine

Company Number: 810

Order Total Price: 6.00

Item Number: 17362

Item Description: MCLA_OPIOID START TALKING

Revision Date: 5/30/2018 Print: 1 sided black and white Paper: 2 Part (White, Yellow)

Size: 8.5 x 11 Fold: Finish: None Drill: None

Misc Info: black; ss; 2 part

	OPIGID START	TALKIN		040
Fallert Name	(MOST BE INCLUDED IN THE PA	HENT S M	Date of Sir	
Company of Company of St.	atana containing an Toloid			
Yearge Dur	ettiy Pesculadi (Por puntus, Fagnature is natifer ja Mil	red ir parti	r. To procedure	ruel level the opposed to a simple. To how
Sumber of Refile:	: Acute pain < 3 days (No MAPS)			
	C Acute pain 4.7 days			
MAPS sheet.	Chronic pain > 7 days			
	ence is a drug or other substance that th	e United St	sales Drug End	broament Administration has
identified as having	a potential for abuse. Wy provider sha	red the full	paring	
	dance use disorder and overdose associate			
substance. (Resp	nental threes and substance use disorders uired only for minors.)			
system can caus	th benootkoopines, alcohol, muscle relax e serious health risks, including death or di	satisfy (%	equired only for	minors.)
	o is pregnant or is of reproductive age, the limited to necruital abelinence syndrome.	heightened	nex of short an	d'iong-term effects of opicids,
reformation section	ation recessary for patients to use the drug on of the labeling for the controlled substan	ce.		
unwanted contro enforcement age	oproods has shown to reduce injury and de- fact substances may be done through com- mose. Information or where to return your	munity take	back programs	, boal pharmacies, or local lear
g. It is a falory to if foomed health o	legally deliver, distribute or share a controls are provider.	ed substanc	n without a pre	scription properly issued by a
	potential benefits and risks of an opinid openly managing my medication as state		an described	by my provider along with the
Signature of Prescriber (when prescribing in a remor)				Date
Signature of Patient, Formitte, patients parentiparetien				Tan
Spoken of Palastin Representation or other authorized adult				Date
total Name of Paramilla	artier, Paler's Representative or authorized abid			
aparent aris non-invarian prin	Tradit and Turney Territor, MCHFE than not depressed a bename of teas objects days reference regar color, garden references also about contration garden during to beauting.	AUTHORITY COMPLETY PENNLTY	W Required	T Mix 50 Tills aw/Mix 50 Tills alon dend for expensor, exceptor models.
Mills Copy Ballow Record Select Copy Fallant				
TWO AND				