

**McLaren Print System Order**

**Order No: 47280 Reprint Previous Order No: 36427**  
**Order Date: 2019-07-30**  
**User: Jean OHalloran**  
**Phone: 248-969-7354**

**Ship Location: McLaren Oakland Oxford Family Medicine**  
**385 N. Lapeer Road**  
**Oxford, MI 48371**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 73600**  
**Dept Name: Oxford Family Medicine**  
**Company Number: 810**

**Order Total Price: 30.00**

**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**

MCLAREN HEALTH CARE OPIOID START TALKING (MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)			
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Patient Name:</td> <td style="width: 30%;">Date of Birth:</td> </tr> </table>	Patient Name:	Date of Birth:	
Patient Name:	Date of Birth:		
Name of Controlled Substance containing an Opioid			
<small>Prescriber (For a minor, if signature is not the parent or guardian, the prescriber must list the opioid is a single, 30 hour prescription)</small>			
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Number of Refills:</td> <td style="width: 30%;"> <input type="checkbox"/> Acute pain &lt; 3 days (No MMAPS)  <input type="checkbox"/> Acute pain 4-7 days  <input type="checkbox"/> Chronic pain &gt; 7 days                 </td> </tr> </table>	Number of Refills:	<input type="checkbox"/> Acute pain < 3 days (No MMAPS) <input type="checkbox"/> Acute pain 4-7 days <input type="checkbox"/> Chronic pain > 7 days	
Number of Refills:	<input type="checkbox"/> Acute pain < 3 days (No MMAPS) <input type="checkbox"/> Acute pain 4-7 days <input type="checkbox"/> Chronic pain > 7 days		
<input type="checkbox"/> MMAPS check, date: _____			
<p><b>A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:</b></p> <ol style="list-style-type: none"> <li>a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.</li> <li>b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)</li> <li>c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.)</li> <li>d. For a female who is pregnant or is of reproductive age, the heightened risk of short and long term effects of opioids, including but not limited to neonatal abstinence syndrome.</li> <li>e. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance.</li> <li>f. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at <a href="http://www.mclaren.com/medicationtakeback">www.mclaren.com/medicationtakeback</a>.</li> <li>g. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care provider.</li> </ol>			
<p><b>I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.</b></p>			
Signature of Prescriber (when prescribing to a minor)	Date		
Signature of Patient, For minor, patient's parent/guardian	Date		
Signature of Patient's Representative or other authorized adult	Date		
Printed Name of Patient/Guardian, Patient's Representative or authorized adult			
<small>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual on basis of race, religion, age, national origin, color, height weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, or other characteristics in providing health care services.</small>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>AUTHORITY:</b> PCA 248 of 2017, MCL 330.7406-407M2, 330.7406, 330.7407, 330.7408, 330.7409, 330.7410, 330.7411, 330.7412, 330.7413, 330.7414, 330.7415, 330.7416, 330.7417, 330.7418, 330.7419, 330.7420, 330.7421, 330.7422, 330.7423, 330.7424, 330.7425, 330.7426, 330.7427, 330.7428, 330.7429, 330.7430, 330.7431, 330.7432, 330.7433, 330.7434, 330.7435, 330.7436, 330.7437, 330.7438, 330.7439, 330.7440, 330.7441, 330.7442, 330.7443, 330.7444, 330.7445, 330.7446, 330.7447, 330.7448, 330.7449, 330.7450, 330.7451, 330.7452, 330.7453, 330.7454, 330.7455, 330.7456, 330.7457, 330.7458, 330.7459, 330.7460, 330.7461, 330.7462, 330.7463, 330.7464, 330.7465, 330.7466, 330.7467, 330.7468, 330.7469, 330.7470, 330.7471, 330.7472, 330.7473, 330.7474, 330.7475, 330.7476, 330.7477, 330.7478, 330.7479, 330.7480, 330.7481, 330.7482, 330.7483, 330.7484, 330.7485, 330.7486, 330.7487, 330.7488, 330.7489, 330.7490, 330.7491, 330.7492, 330.7493, 330.7494, 330.7495, 330.7496, 330.7497, 330.7498, 330.7499, 330.7500</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>CONSENT FROM PATIENT:</b> _____  <b>CONSENT FROM REPRESENTATIVE:</b> _____  <b>PENALTY:</b> _____</p> </td> </tr> </table>		<p><b>AUTHORITY:</b> PCA 248 of 2017, MCL 330.7406-407M2, 330.7406, 330.7407, 330.7408, 330.7409, 330.7410, 330.7411, 330.7412, 330.7413, 330.7414, 330.7415, 330.7416, 330.7417, 330.7418, 330.7419, 330.7420, 330.7421, 330.7422, 330.7423, 330.7424, 330.7425, 330.7426, 330.7427, 330.7428, 330.7429, 330.7430, 330.7431, 330.7432, 330.7433, 330.7434, 330.7435, 330.7436, 330.7437, 330.7438, 330.7439, 330.7440, 330.7441, 330.7442, 330.7443, 330.7444, 330.7445, 330.7446, 330.7447, 330.7448, 330.7449, 330.7450, 330.7451, 330.7452, 330.7453, 330.7454, 330.7455, 330.7456, 330.7457, 330.7458, 330.7459, 330.7460, 330.7461, 330.7462, 330.7463, 330.7464, 330.7465, 330.7466, 330.7467, 330.7468, 330.7469, 330.7470, 330.7471, 330.7472, 330.7473, 330.7474, 330.7475, 330.7476, 330.7477, 330.7478, 330.7479, 330.7480, 330.7481, 330.7482, 330.7483, 330.7484, 330.7485, 330.7486, 330.7487, 330.7488, 330.7489, 330.7490, 330.7491, 330.7492, 330.7493, 330.7494, 330.7495, 330.7496, 330.7497, 330.7498, 330.7499, 330.7500</p>	<p><b>CONSENT FROM PATIENT:</b> _____  <b>CONSENT FROM REPRESENTATIVE:</b> _____  <b>PENALTY:</b> _____</p>
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