

McLaren Print System Order

Order No: 50548
 Order Date: 2019-11-22
 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 explain the treatment, possible adverse reactions, and special instructions.

NAME OF MEDICATION	DATE AND TIME THE SUPPLYING PHYSICIAN OR NURSE ADMINISTERED MEDICATION AND SPECIAL INSTRUCTIONS TO RECIPIENT AND/OR GUARDIAN	PHYSICIAN SIGNATURE OR REPRESENTATIVE SIGNATURE <i>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.</i>	SIGNATURE OF PHYSICIAN OR REPRESENTATIVE PROVIDING EDUCATION TO RECIPIENT 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)
 THIS NUMBER: 820