

McLaren Print System Order

Order No: 52709
Order Date: 2020-02-19
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 handout was given to this patient and guardian (as appropriate) to further explain the treatment, possible adverse reactions, and special instructions.


NAME OF MEDICATION	PHYSICIAN USE THE FOLLOWING MEDICATION RECORDS TO MONITOR ADVERSE EFFECTS AND REPORT ADVERSE REACTIONS	PHYSICIAN SIGNATURE OR APPROVED 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 REPRESENTATIVE PROVIDING EDUCATION TO ASSIST PATIENT 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
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COMMENT TO RECEIVE PSYCHOTROPIC MEDICATION(S)
THIS NUMBER



820
