

McLaren Print System Order

Order No: 54347
 Order Date: 2020-05-21
 User: Patricia Peterson
 Phone: (810) 324-2193

Ship Location: McLaren Flint - P.A.T. (1 central) Attn: Tricia P.
 401 S, Ballenger Hwy.
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 30510
 Dept Name: Pre-Admission Testing
 Company Number: 60

Order Total Price: 57.50

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)	
Patient Name: _____ Date of Birth: _____	
Name of Controlled Substance containing an Opioid: _____	
Prescriber: _____ (County Prescriber) (For a minor, if signature is not the parent or guardian, the prescriber must list the opioid is a single, 30-day supply)	
Number of Refills: _____	<input type="checkbox"/> Acute pain < 3 days (No MMEs) <input type="checkbox"/> Acute pain 4-7 days <input type="checkbox"/> Chronic pain > 7 days
<input type="checkbox"/> MMEs check, date: _____	
<p>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:</p> <p>1. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.</p> <p>2. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)</p> <p>3. 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.)</p> <p>4. 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.</p> <p>5. 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.</p> <p>6. 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 drug can be found at www.mclaren.org/medicationreturn.</p> <p>7. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care provider.</p>	
<p>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.</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: _____	
<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual on basis of race, religion, age, culture, origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, national origin, or ancestry.</p>	
<p>AUTHORITY: PCA 241 of 2017, MCL 330.740b-4a(1)(d), 330.740b-4a(2)(b) CONSEQUENCE: Repeal PENALTY: Probation, initiation, denial, fine, suspension, revocation or permanent incarceration.</p>	
<p>When Using Medical Records When Using Patient</p>	

Spec Info: