

McLaren Print System Order

Order No: 56021 Reprint Previous Order No: 36427

Order Date: 2020-08-12

User: melissa lawrukovich

Phone: 2486560472

Ship Location: McLaren Oakland BayBrooke
950 University
Pontiac , MI 48342

Forms

Quantity: 500

Paragon Dept No: 26815

Dept Name: Baybrooke

Company Number: 810

Order Total Price: 31.25

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: 2 Hole Top

Misc Info: black; ss; 2 part

MCLAREN HEALTH CARE OPIOID START TALKING (MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)	
Patent 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 MAMPs) <input type="checkbox"/> Acute pain 4-7 days <input type="checkbox"/> Chronic pain > 7 days
<input type="checkbox"/> MAMPs check, date: _____	
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:	
a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.	
b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)	
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.)	
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.	
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.	
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 drug can be found at: www.mclaren.org/medicationreturn	
g. It is a felony to legally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care provider.	
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.	
Signature of Provider (other prescriber is 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, ethnicity, sex, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, national origin, or ancestry.</small>	
AUTHORITY: PCA 246 of 2017 MCL 330.745b-4a(1)(M), 330.745b-4a(2)(M), 330.745b-4a(3)(M) CONSENT FROM PATIENT: Required PENALTY: Production, initiation, denial, fee, suspension, revocation or reinstatement prohibited.	

MVA Only - Medical Records
MVA Only - Patient



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