

McLaren Print System Order

Order No: 49135 Reprint Previous Order No: 42107
Order Date: 2019-10-01
User: Lisa Ardanowski
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
501 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 282.25

Item Number: PM-200
Item Description: Pain Management Contract
Revision Date: 1/2019
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 3 Part, ss; black



Your physician is Dr.
To check your physician's availability please contact the pain clinic between the hours of 8:00 AM to 4:00 PM - M-F.
Telephone: 810-342-4888
For emergencies that occur at other times, please call the emergency department at McLaren Flint at 810-342-2308.
If life threatening please dial 911.
Write down the time and date of your next clinic appointment and double check this with the clerical staff before leaving the clinic. To cancel or reschedule your appointment, please let us know at least 3 days in advance.

We Require:

- That you use only one pharmacy for refills of your pain medication. The pharmacy you have chosen is... and their phone number is...
- If you wish to change pharmacies, tell your doctor. Using the same pharmacy helps ensure that it will keep your medication in stock for refills and that it will know that you have a legitimate need for pain medication.
- That you request your refill at least 3 working days before your last dose of medication. Do not wait until the day your medication runs out.
- That you take medication as prescribed and keep your medication in a secure place. Do not sell, trade, or give away your medication.
- That you contact us if you believe you are having an allergic reaction or side effect to a medication prescribed by the Pain Clinic.
- That you do not seek pain medication from any other doctor.
- That you contact us if your pain medication is not working.
- That you refrain from using illegal/non prescribed medications including marijuana, alcohol or other non prescribed treatment.
- That you keep your appointments.
- Any violation of this contract may lead to your discharge from the clinic.

My signature below signifies that I have read the Pain Management Contract in its entirety and have had an opportunity to ask questions.

Patient Signature: _____ Witness Signature: _____
Date: _____ Time: _____

White copy: Medical Records, Yellow copy: Patient
Pink copy: Patient Chart
PM-200 Revised 9/11/19 CC



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