

McLaren Print System Order

Order No: 55126 Reprint Previous Order No: 36427  
Order Date: 2020-06-30  
User: Verna Lee  
Phone: 989-370-2708

Ship Location: McLaren Primary Care - Denise T  
2990 Campbell Rd.  
Rose City, MI 48654

Forms

Quantity: 500  
Paragon Dept No: 69250  
Dept Name: McLaren Primary Care  
Company Number: 810

Order Total Price: 30.00

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: _____ <small>(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)</small>		
Number of Refills: _____		<input type="checkbox"/> Acute pain < 3 days (No MAPPs) <input type="checkbox"/> Acute pain 4-7 days <input type="checkbox"/> Chronic pain > 7 days
<input type="checkbox"/> MAPPs check, date: _____		
<b>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:</b>		
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 drugs can be found at: <a href="http://www.mcuhar.com/medwatch/opioid">www.mcuhar.com/medwatch/opioid</a>		
g. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care provider.		
<b>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.</b>		
Signature of Prescriber (when prescribing to a minor): _____		Date: _____
Signature of Patient, if a 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, national origin, color, height weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, or other characteristics.</small>		
<small>MDHHS Only - Medical Records Release Only - Patient</small>		<b>AUTHORITY:</b> PCA 241 of 2017, MCL 330.745b-4a(1), 330.745b-4a(2) <b>CONSENT FROM PATIENT:</b> Required <b>PENALTY:</b> Production, initiation, denial, fee, suspension, revocation or annulment, incarceration.

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