McLaren Business Products

McLaren Print System Order

Order No: 8257 Reprint Previous Order No: 8254
Order Date: 2015-01-16
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: 0.00

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:
Drill: None
Misc Info:

McLaren Flint
FLINT, MICHIGAN

CONSENT TO RECEIVE PSYCHOTROPIC MEDICATION(S)

A supplemental handout was to given to this patient and guardian (as appropriate) to further explain the treatment, possible adverse reactions, and special instructions.

NAME OF MEDICATION	DATE AND TIME THE SUPPLEMENTAL HANDOUT DESCRIBING PURPOSE OF MEDICATION AND POTENTIAL ADVERSE EFFECTS WAS TO RECIPIENT AND/OR GUARDIAN	PATIENT SIGNATURE OR EMPOWERED GUARDIAN 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 REGISTERED NURSE PROVIDING EDUCATION TO RECIPIENT AND/OR GUARDIAN

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

CONSENT TO RECEIVE PSYCHOTROPIC MEDICATION(S)

820