

**McLaren Print System Order**

Order No: 83906  
 Order Date: 2024-03-19  
 User: Brooke Pearson  
 Phone: 2316271370

Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson  
 748 South Main St  
 Cheboygan, Mi 49721

Forms  
 Quantity: 100  
 Paragon Dept No: 30462  
 Dept Name: BHU  
 Company Number: 410

Order Total Price: 4.10

Item Number: MHCC-641-MNM  
 Item Description: Consent to Receive Psychotropic Medications  
 Revision Date: 08/2023  
 Print: 1 sided black and white  
 Paper: 20# Yellow Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 2 Hole Top  
 Poster:  
 Misc Info: SS, Black, Yellow paper



748 S Main St, Cheboygan, MI 49721  
 CONSENT TO RECEIVE PSYCHOTROPIC  
 MEDICATIONS BENEFICIAL HEALTH

A supplemental handout was given to the patient and guardian (as appropriate) to further explain the treatment and/or side effects, and special instructions.

NAME OF MEDICATION	DATE AND TIME THIS SUPPLEMENTAL HANDOUT DESCRIBED PURPOSE OF MEDICATION AND POTENTIAL SIDE EFFECTS TO GIVEN TO RECIPIENT AND/OR GUARDIAN	PATIENT SIGNATURE OR EMPLOYED GUARDIAN SIGNATURE	SIGNATURE OF PHYSICIAN OR REGISTERED NURSE PROVIDING EDUCATION TO RECIPIENT AND/OR GUARDIAN

If 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.

PATIENT'S SIGNATURE		DATE	TIME
NAME OF MEDICATION	DATE AND TIME SUPPLEMENTAL HANDOUT GIVEN (SEE ABOVE)	PATIENT SIGNATURE OR EMPLOYED GUARDIAN (SEE ABOVE)	SIGNATURE OF PHYSICIAN OR REGISTERED NURSE PROVIDING EDUCATION

If 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.

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PATIENT'S SIGNATURE		DATE	TIME

**Spec Info:**



7008

CONSENT TO RECEIVE  
 PSYCHOTROPIC MEDICATION(S)

MHCC-641-000