

McLaren Print System Order

Order No: 84398
 Order Date: 2024-04-09
 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 to given to the patient and guardian (as appropriate) to further explain the treatment and/or adverse reactions, and special instructions.

NAME OF MEDICATION	DATE AND TIME THIS SUPPLEMENTAL HANDOUT DESCRIBED PURPOSE OF MEDICATION AND POTENTIAL ADVERSE DRUG TO GIVEN TO RECIPIENT AND/OR GUARDIAN	PATIENT SIGNATURE OR EMPLOYED GUARDIAN (As signed) acknowledge that the physician or the designated caregiver has explained the medication's benefits, possible 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

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.

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.

PATIENT'S SIGNATURE		DATE	TIME

Spec Info:



7008

CONSENT TO RECEIVE PSYCHOTROPIC MEDICATION(S)

MHCC-641-0001