



McLaren Print System Order

Order No: 91549 Order Date: 2025-01-15 Order Request Date: User: Becky Jurish Phone: 9898935193

Ship Location:

4818 W Professional Dr Bay City, Michigan 48706

Brochures Quantity: 500

Paragon Dept No: 51563

Dept Name: Mclaren Bay Internal Med

Company Number:

Order Total Price: 30.00

Item Number: 17362

Item Description: MCLA_OPIOID START TALKING

Revision Date: 5/20

Print: 1 sided black and white Paper: 2 Part (White, Yellow)

Size: 8.5 x 11 Fold: None Finish: None Drill: None Poster:

Misc Info: black; ss; 2 part



or expression, political beliefs or disability.

OPIOID START TALKING

(MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)

Ivame or Controll	ed Substance containing an Opioid:		
Dosage	Quantity Prescribed (For a minor, if signature is not the parent or guardian, the prescriber must limit the opioid t single, 72 hour supply)		
☐ Acute pain 1-3	days (No MAPS check required)		
☐ Acute pain 4-7	days - MAPS check, date:		
☐ Chronic pain g	reater than 7 days - MAPS check, date:		
	bstance is a drug or other substance that t ving a potential for abuse. My provider sh		Enforcement Administratio
a. The risks of	substance use disorder and overdose associa	ted with the controlled s	ubstance containing an opioid
 b. Individuals v substance. 	vith mental illness and substance use disorder	s may have an increase	d risk of addiction to a control
	ds with benzodiazepines, alcohol, muscle rela cause serious health risks, including death or		hat may depress the central n
	who is pregnant or is of reproductive age, the t not limited to neonatal abstinence syndrome.		t and long-term effects of opio
	formation necessary for patients to use the dru section of the labeling for the controlled substa		as found in the patient counse
unwanted co	al of opioids has shown to reduce injury and do introlled substances may be done through cor t agencies. Information on where to return you nichigan.gov/degdrugdisposal.	nmunity take-back progr	ams, local pharmacies, or loc
g. It is a felony	to illegally deliver, distribute or share a contro lith care provider.	lled substance without a	prescription properly issued
	the potential benefits and risks of an opioi of properly managing my medication as sta		bed by my provider along w
Signature of Prescrib	er		Date
Signature of Patient, i	f a minor, patient's parent/guardian		Date
Signature of Patient's	Representative or other authorized adult		Date
Printed Name of Pare	nt/Guardian; Patient's Representative or authorized adult		
 nfo: Original Poste	- Size ent of Health and Human Services (MDHHS) does not discriminal		
against any individual o	ent or Healm and Human Services (MUHHS) does not discrimina or group because of race, religion, age, national origin, color, status, genetic information, sex, sexual orientation, gender identit	COMPLETION: Required	of 2017, MCL 333.7303b and MCL 3

MRAP

or permanent revocation

Probation, limitation, denial, fine, suspension, revocation

PENALTY: