

McLaren Print System Order

Order No: 58355 Reprint Previous Order No: 36427
 Order Date: 2020-11-11
 User: Hannah Howard
 Phone: 231 487-2391

Ship Location: McLaren Northern -Burns Professional Building, Suite M-40
 560 West Mitchell Street, Suite 560
 Petoskey, MI 49770

Forms

Quantity: 1000
 Paragon Dept No: 53548
 Dept Name: McLaren Northern Michigan Digestive Health Associates
 Company Number: 810

Order Total Price: 57.50

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: _____ (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)	
Number of Refills: _____	<input type="checkbox"/> Acute pain < 3 days (No MMAPS) <input type="checkbox"/> Acute pain 4-7 days <input type="checkbox"/> Chronic pain > 7 days
<input type="checkbox"/> MMAPS check, date: _____	
<p>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:</p> <p>1. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.</p> <p>2. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)</p> <p>3. 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.)</p> <p>4. 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.</p> <p>5. 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.</p> <p>6. 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: www.mclaren.org/medicationreturn.</p> <p>7. It is a felony to legally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care provider.</p> <p>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.</p>	
Signature of Prescriber (when prescribing to a minor): _____	Date: _____
Signature of Patient, For 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: _____	
<p>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.</p>	
<p>AUTHORITY: PCA 246 of 2017, MCL 330.7406-330.7408, MCL 330.7409 CONVICTION PENALTY: Repealed PENALTY: Production, initiation, denial, fine, suspension, revocation or permanent injunction.</p>	
<p>When Using Medsation Records Select Your Patient</p>	
<p>11 11 11</p>	