McLaren Business Products

McLaren Print System Order

Order No: 8018
Order Date: 2015-01-07
User: Denise Turner
Phone: 810 342-1711

Ship Location: Denise Turner
1314 S. Linden Rd., Suite B
Flint, MI 48532
Forms
Quantity: 500
Paragon Dept No: 63550
Dept Name: McLaren-Flint Community Medical Center
Company Number: 810

Order Total Price: 0.00

Item Number: M-34408
Item Description: Acknowledged Substance Abusers
Revision Date: 11/2012
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren
FLINT

I, _____, have been informed of the increased risks to me and my baby associated with smoking, drinking, and drugs. These risks include, but are not restricted to, miscarriage, premature birth, stillbirth, abnormalities of the afterbirth, low birth weight, sudden infant death syndrome, neurobehavioral problems, birth defects, and susceptibility to infections during pregnancy.

I understand that there may also be effects which medical science has not even discovered as yet.

I acknowledge that if I currently am using any risk substance, I will immediately inform the medical staff.

Further, if I am not using any such substance now, but do choose to do so in the future during this pregnancy, I will notify the medical staff in order that they may appropriately assess my situation.

_____ _____
Patient's Signature Date

_____ _____
Witness's Signature Date