# Karle Medical Group, P.C.

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## START TALKING CONSENT FORM

#### For Use with Minors<sup>1</sup>

#### Required by MCL 333.7303b(b)

### MUST BE INCLUDED IN THE MINOR'S MEDICAL RECORD

Patient Name:

Date of Birth:

Controlled Substance Name: Does the Controlled Substance Contain an Opioid? Yes No (circle one)

Number of Refills:

Quantity Prescribed<sup>2</sup>:

Dosage:

# A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse.

I certify that I have discussed the following with the minor patient and his/her parent or guardian or with another adult authorized to consent to the minor's medical treatment, the following:

- a) The risks of addiction and overdose associated with a controlled substance.
- b) The increased risk of addiction to a controlled substance to an individual who is suffering from both mental and substance abuse disorders.
- c) The danger of taking a controlled substance containing an opioid with benzodiazepines, alcohol or another central nervous system depressant.
- d) Any other information in the patient counseling information section of the labeling for the controlled substance that is required under 21 CFR 201.57(c)(18).

| Signature of Prescriber      | Date |
|------------------------------|------|
|                              |      |
| Signature Minor Patient      | Date |
|                              |      |
|                              |      |
| Signature of Parent/Guardian | Date |

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<sup>&</sup>lt;sup>1</sup> This form must be completed before issuing a minor the first prescription in a single course of treatment for a controlled substance containing an opioid, regardless of whether the dosage is modified during the course of treatment.

 $<sup>^2</sup>$  The prescription must be limited to not more than a single 72-hour supply if the person consenting to treatment is an adult authorized to consent to a minor's treatment. See MCL 333.7303b(3).