

Karle Medical Group, P.C.

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START TALKING CONSENT FORM

For Use with Minors¹

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 Prescribed²:

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

¹ 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.

² 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).