
Name: (last) (first) (MI)

Abigail Langan, MD has explained that the best treatment for my problem would include the use of the following medications:

Medication	Dosage Range
_____	_____
_____	_____
_____	_____
_____	_____

I have been given a copy of the:

USP Patient Information Sheet Other written information

I have had the opportunity to discuss the risks, benefits, and potential side effects of the listed medications with my doctor, and have received a reasonable explanation.

I understand that medications of this type have been successful in treatment of similar symptoms in others. Further, I understand that there is no guarantee that these agents will be as effective with my particular symptoms. I agree to notify my physician in the event that I experience any side effects or problems with the above medications.

I have informed my doctor that: I am pregnant I am not pregnant NA

I have other known physical disorders:

I understand that if I discontinue receiving individual counseling services, or have not seen an individual counselor at _____ within the past 30 days, I can no longer receive medication services from my physician at _____. In such cases, I must first complete an individual counseling session at _____ or make an appointment with my family doctor to continue medication services.

I voluntarily consent to take this medication. I also understand that I have the right to withdraw my consent and stop taking medication at any time. If I decide to discontinue the medication, I will tell my doctor immediately so that he/she may explain how to safely stop the medication.

Patient/Parent/Guardian Signature

Date

As a physician, I certify that these instructions have been disclosed to the patient (parent or guardian, if appropriate), and they express understanding and agree to take the medications.

Physician Signature

Date