



**MidMichigan Community  
Health Services**  
AN AFFILIATE OF MIDMICHIGAN HEALTH

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## Gabapentin Form

I, \_\_\_\_\_ understand the risks of taking gabapentin along with an opiate that my provider has outlined to me. I understand that taking these medications together puts me at increased risk for death and overdose. I agree that I will take this medication **as prescribed** to me by my provider.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_