Cor INFORMATIONAL PURPOSES ONLY. FOR SPECIFIC INFORMATION CONSULT YOUR PHYSICIAN' bout natirexone: This medication is used to treat alcohol dependency and Opiate Use Disorder including Medication Assisted Treatment for addiction. latirexone is an antagonist (i.e. blocks opioids by attaching to the opioid receptors in the brain without activating them). The second of the seco	Nattrexone: Re Via*, Vivitrol* **For INFORMATIONAL PURPOSES ONLY, FOR SPECIFIC INFORMATION CONSULT YOUR PHYSICIAN* **About nattrexone: This medication is used to treat alcohol dependency and Opiate Use Disorder including Medication Assisted Treatment for addiction. Nattrexone is an antagonist (i.e. blocks opioids by attaching to the opioid receptors in the brain without activating them). **How to Use:** This medication is taken daily by mouth or as a monthly injection. **Risks and Hazards:** Nattrexone should not be given to patients who have had significant reactions to this medication in the past. Please note, to medication is not FDA approved for use in pregnant patients. **Side_Effects:** These medications can cause side effects. The most common side effects are dizziness, headache, nausea, anxiety, insorm abdominal pain, and local injections site irritation (**Viviroid® only). Report to health care staff if any of these symptoms disrupt activities of daily living persist. Some side effects can be serious. The following symptoms are uncommon, but if you experience any of them, report them to medical simmediately: chest tightness, shorness of breath, severe skin rash, swelling of the lips, seizures, weakness, or numbness. Alert your medical provide you have any unusual problems after receiving this medication. **Notifications:** By signing this form, I, the patient, or as guardian of the above-named patient consent to receiving the nattrexone. I have been informed of the ris and hazards associated with this treatment, and the possible side effects that I may experience from this treatment. *Notifications:** By signing this form, I, the patient, or as guardian of the above-named patient consent to receiving the nattrexone. I have been informed of the ris and hazards associated with this treatment, and the possible side effects that I may experience from this treatment. *I have been given a chance to ask questions about my treatment and all my questions have been answered. I understand that I can discu	Wellpath To hope and healing.	Wellpath Informed Consent for Naitrexone			Patient Name (Last, First, MI):		
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Witness Signature: