

Name of Customer: _____ Record # _____ MID#: _____

PHYSICIAN ORDER AND NOTE

Instructions: A signed order is required for each visit. Orders for administering medications must include the dosage and schedule for administration. Prescription orders must be renewed every 6 months; OTC annually. **A Customer Medication Information and Educations form is required for all prescription medications and must be filed in the medical record.** Place all medications on the MAR as they are written by the physician.

Date: _____ **Type of service:** _____

Known allergies to medication(s): _____

WEIGHT _____ BMI _____ BP _____ AIMS _____
(Every 6 mos-psychotropics only) (Every 6 mos) (Annually-psychotropics only)

Orders for treatment: _____

MEDICATIONS

NAME OF MEDICATION (Generic may be used)	Diagnosis And/Or Code	Strength	Dosage	Frequency	Discontinue Date, If Any	Initial if PRN	Authorization to self-administer

OVER-THE-COUNTER (OTC) / PRN MEDICATIONS

The medications initialed below may be given as directed:	Authorization to self-administer
<input type="checkbox"/> Acetaminophen: (Tylenol) 2 tablets (330/500 mg. ea.) every 4 hours, (max. 10 per day), as needed for pain or fever.	
<input type="checkbox"/> Ibuprofen: (Advil) 1-2 tablets (200 mg. ea.) every 4 hours (max. 6 per day) as needed for pain.	
<input type="checkbox"/> Loperamide HCl: (Imodium AD) 2 tablets (2mg. ea.), then 1 tablet every 4 hours (max. 4 per day), as needed for diarrhea.	
<input type="checkbox"/> Methylcellulose: (Metamucil) 1 heaping tablespoon in 1 cup juice 3 times per day, as needed for constipation.	
<input type="checkbox"/> Casanthranol & Ducusate Sodium: (PeriColace) 2 capsules at bedtime (max. 2 days), as needed for constipation.	
<input type="checkbox"/> Guaifensin & Dextromethorpan: (Robitusin DM) 2 teaspoons every 4 hours, as needed for persistent cough with cold/flu	
<input type="checkbox"/> Tolnaftate (spray or ointment): (Tinactin) apply topically to feet twice daily for up to 7 days for fungal infections.	
<input type="checkbox"/> Benadryl (25mg) to 2 (50mg) capsules every 4 to 6 hours for sneezing, runny nose, watery and itchy eyes. Do not take more than 6 times in 24 hours	
<input type="checkbox"/> Neosporin (Bacitracin/Polymyxin) Apply to affected area as needed 1-3 times daily for infection	
<input type="checkbox"/> Hydrocortisone Apply to affected area no more than 3-4 times daily to relieve redness, itching, swelling, and discomfort	
Other O-T-C- PRN medications (please specify dosage and frequency):	

For controlled substances, the Controlled Substance Registration Website was accessed and my signature confirms:

Physician or Physician Extender Signature: _____ Date: _____
 GH DSP must write health note as well as an entry in the communication log. DSP signature/date indicates completion.

STAFF SIGNATURE: _____ DATE: _____