

PHYSICIANS ORDER FORM

		PHISICIAI	42 OKDEK FOR			
Client's Nar	me:			DOB:		
 The Phys will be re The Phys and rout The med attached The phys changed complete "Over-the administ All medic 	icians Order Form isponsible for adnicians Order Form e of administration icine must be received and matches the ician must providin any way (i.e ted and signed by the counter medication of "over-the cations will be kept and Guardian is a specific process."	n must be completed an ninistering medications. In clearly indicates the clim. Physicians Order Form. e SJV staff with current type of medication, time the Physician and entereations that are restricte e-counter" medications it secured in accordances responsible for all medications.	ent's name, medication, s scription bottle or contain- information each time the , frequency or dosage of n ed into the files prior to the d will not be administered , the responsible party mu e with State regulations. dication transfers to and fr	g physician and responsible effects, dosages, ting er with an unaltered phase medication or its direct nedication). An update e next scheduled dosaged. If the physician indication the service.	mes, frequency narmacy label ctions are ed form must be ge. tes the need for	
*Check in "SJV Admin" if medications are to be administered by SJV. Medication Diagnosis/ Dosage-Strength/ Frequency/						
SJV Admin	Name	Purpose	Type	Time of day	Route	
				_		
		the-counter medication	ns			
Are there an	y known contrai	ndications with other o	drugs, supplements or foo	od products that shou	ld be noted?	
Are any of th	e above medicat	ions "controlled substa	ances"?			
I further acknowledge	owledge that no m	edications may be admini	ding of St. Joseph's Villa poli stered unless indicated on t ations are changed in any w	his form and it is my res		
Prescribing Physician Signature Date			se SJV Representa	ntive	Date	
Client or Pa	rent/Guardian	(if minor)	Relationship to	Client	Date	

To be completed by physician upon admission and updated as medications change.

Please fax form to: 804-955-4240