The Arc of San Antonio
Serving People with Intellectual and Developmental Disabilities

Physician Medication Order

Site Name:_____

Please assist: _____ DOB: _____

With taking the following medication(s) or administer checks:

_____

_____

Condition for Use: _____

_____

Dosage and special instructions for medication (please include any concerns or special monitoring): _____

_____

Time to be taken: _____ Days to be taken: _____

Prescription Date: _____ Continue this Medication Until:_____

Prescribing Physician (Name and Number):

_____

_____

_____ _____

Physician's Signature *Date*

This order will expire *one year* from the date signed, unless otherwise stated by physician. Please feel free to contact our nurse: Jeanne Calvert RN, with any questions or assistance needed at: 210-490-4300 x 138 or Fax at 210-490-5585.

Medication must be in its original and current container (may use a school dose bottle supplied by the pharmacy) with person's name clearly printed and with the current dose instructions.