



1 Resident & Physician Information

RESIDENT'S NAME

[Text input field for Resident's Name]

PHYSICIAN NAME

[Text input field for Physician Name]

DATE

[Text input field for Date]

PHONE NUMBER

[Text input field for Phone Number]

LICENSE #

[Text input field for License #]

2 Physician Verification

Check each item the physician approves.

May substitute generic equivalents

I approve the medications listed below

I authorize the annual flu vaccine

Resident may consume alcohol

3 Allergies

LIST ALL KNOWN ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)

[Text input field for Allergies]

4 Routine Medication Orders

List each routine medication. Use the PRN form for as-needed orders.

Medication	Dose	Frequency	Route	Special Instructions

5 Physician Signature

[Text input field for Physician Signature]

PHYSICIAN SIGNATURE

[Text input field for Date Signed]

DATE SIGNED