



Physician's Request for the Administration of Medication/Treatment

This Physician's Request is for the administration of medication, treatment or procedure by a licensed nurse or staff member who has successfully completed the "Medication Course" to pass designated medications under the licensed nurse's supervision.

Please complete all information which is applicable and fax to Adult Services Nursing at **330-721-9592** or Windfall School Nursing at **330.725.8403** or mail to:

Medina County Board of MRDD, 4691 Windfall Road, Medina, Ohio 44256

Any questions, please contact the Medina County Board of MRDD Adult Nursing Department at 330-725-7751 ext. 229 or Windfall School Nursing Department at 330.725.7751 ext. 245.

Name of Individual: _____ is under my care and should receive:

Medication

Name of medication: _____ Date _____

Dosage: _____ Route: _____

at the following times: _____

Purpose of medication: _____

Possible side effects to report: _____

Treatment/Procedure

Date _____

Specific instructions for administration of G-tube feeding:

Type, frequency (times) and amount of feeding: _____

Amount of water for flush: _____

Amount and type of food allowed by mouth (or NPO): _____

Procedure should tube come out: _____

Concerns you wish to be contacted about: _____

Specific instructions for other treatment/ procedure:

Treatment/ Procedure: _____

Purpose of treatment/ procedure: _____

Specifics to report: _____

Discontinue date: _____

PLEASE NOTE: All orders, unless otherwise specified, expire one year from date of signature.

Physician Name (printed)

Phone Number

Physician's Signature

Date

* Parent/ Guardian authorization can be found on the Medical Emergency Information and Consent Form.