



DIVISION OF STUDENT AFFAIRS
STUDENT HEALTH CENTER

Therapeutic Injections

PATIENT INFORMATION

Name	Date of Birth
<hr/>	
Allergies	
<hr/>	
Patient Phone #	
<hr/>	
Diagnosis/ICD10 Code	
<hr/>	

PRESCRIPTION INFORMATION

DRUG NAME AND STRENGTH	DIRECTIONS
<hr/>	Dose
DATE OF LAST ADMINISTERED DOSE	Route Site
<hr/>	Frequency
<hr/>	

ORDER VALID

FROM	UNTIL
<hr/>	

ADDITIONAL INSTRUCTIONS

Are there any important tasks that need to be done prior to each injection (i.e. weight check, lab work, etc.):

PRESCRIBER INFORMATION

Signature	Date	
<hr/>		
Name		
<hr/>		
Address		
<hr/>		
City	State	Zip
<hr/>		
Phone	Fax	
<hr/>		

NOTE: THIS ORDER IS NOT VALID UNLESS ALL FIELDS ARE COMPLETED.
A new form needs to be submitted each year in order for your patient to continue to receive injections at our facility. The form can be found on the SHC's website under Therapeutic Injections.