



OFFICE OF STUDENT LIFE

# STUDENT HEALTH CENTER

## Therapeutic Injections

### PATIENT INFORMATION

Name

Date of Birth

Allergies

Patient Phone #

Diagnosis/ICD10 Code

### PRESCRIPTION INFORMATION

DRUG NAME AND STRENGTH	DIRECTIONS	
	Dose	
DATE OF LAST ADMINISTERED DOSE	Route	Site
	Frequency	

### ORDER VALID

FROM

UNTIL

### 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

Name

Address

City

State

Zip

Phone

Fax

**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.