

## Section I. Individual Information

Section II. Physician's Orders: List Active Medical Diagnoses

**Section III. Physician's Orders:** A physician's order is required for treatment including procedures, monitoring or intervention to be administered at the DAHS facility.

**Section IV. Special Diet:** (If the only need is for a special diet, this does not meet the medical need criteria)

**Section V. Medications: To be administered at the DAHS facility by the DAHS RN or LVN. (Including PRN Prescription)**

[illegible]

### Section VI. Medications: Self-administered medications taken at DAHS facility

Medication	Dosage	Route	Frequency	Instructions	Needs Reminding?

### Section VII. Medications: Medications taken at home

Medication	Dosage	Route	Frequency	Related Medical Diagnosis
Trazodone	50 mg	PO	q Bedtime	Sleep
Donepezil Mes	1 mg	PO	Bed	Schizophrenia
Risperidone	2 mg	PO	1 tab Bed	Schizophrenia

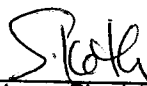
### Section VIII. Medications: Over-the-counter PRN medications

Medication	Dosage	Route	Frequency	Related Medical Diagnosis

### Section IX. Physician's Certification

I certify this individual has a medical diagnosis and a functional limitation and hereby order the above care, monitoring or intervention by a licensed nurse to be performed at the DAHS facility.

I also certify that I am not a significant owner, partner or member of the service provider requesting this order for DAHS.

 Signature - Physician		10/25/14 Today's Date		Date of Verbal Order (if app.)		End Date (if order is time limited)	
Physician's Name (please type or print)				License No./NPI		State	
<input type="checkbox"/> MD <input type="checkbox"/> DO				Military or VA		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Address (Street, City, State, ZIP code)						Area Code and Telephone No.	