



Request for Medical Order

This request is for the administration of medication, a treatment or procedure by a licensed nurse or appropriately trained staff under the licensed nurse's supervision

Please complete and return via fax: Direct any questions you may have to the following:

Adult Services nursing:

(Fax) 330-721-9592

(Phone) 330-725-7751 ext. 229

Windfall School nursing:

(Fax) 330-725-8403

(Phone) 330-725-7751 ext. 245

Attention: Nursing

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

Medication/Treatment/Diet: _____
Dose/Frequency/Route: _____
Duration: _____
Purpose/Diagnosis: _____
Signs or symptoms to report: _____
Special instructions: _____

Please Note: All orders, unless otherwise specified, expire one year from date of signature:

_____/_____/_____ / _____ / _____
Prescribing Clinician (Print) Signature Date