PHYSICIAN CONSULT FORM

NAME: _____ DATE: _____

The above named person is currently a patient in our Alcohol and Drug Inpatient Residential Recovery Program at our Teresa McGovern Center's Adult Residential Program. Please do not prescribe controlled substances for this person. If you have questions or concerns, please contact staff at 222-7311 ext. 119. Thank You.

REASON FOR CONSULTATION: _____

_____

ALLERGIES: _____

RESIDENT IS CURRENTLY TAKING THE FOLLOWING MEDICATIONS:

Name	Dose	Frequency

STAFF SIGNATURE: _____

PLEASE CALL: _____PHARMACY, PHONE #: _____

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RESULTS OF CONSULTATION ARE AS FOLLOWS: Medications remain the same [ ].

Medications will change as follows:

Name	Dose	Frequency

Special precautions / side effects / recommendations / diagnoses:

_____

_____

Return appointment Date: _____ Time: _____

Physician Signature: _____

The above signature also authorizes Tellurian UCAN, Inc. and its agents to supervise this patient's medications unless otherwise indicated.