COMMONWEALTH UNIVERSITY OF PENNSYLVANIA **CU- Bloomsburg Student Health Center**

Medication, Suture Removal, Wound Care Order Form

Date _____ Student's Cell # _____ Student ID# _____

Please treat _____ DOB _____
(Student's Name)

_____	_____	_____	_____
Medication	Dose	Route	Frequency

Diagnosis _____ Date last given _____

_____	_____	_____	_____
Suture/Staple Insertion Date	Location	Removal Date	# of Sutures/Staples

_____	_____	_____
Wound (Define care below)	Location	Size

Specific Instructions:
_____
_____
_____

_____ _____
Prescribing Medical Provider Signature Date

_____ _____ _____
Print Provider's Name Provider Phone # Provider Fax #

_____ _____
SHC Medical Provider's Signature Date

Please note:

- **Orders for medications are approved for 1 year.**
- **The student must hand carry any medication and/or supplies to each Health Center appointment.**
- **Wounds may need to be re-evaluated by the prescribing Medical Provider at the discretion of the SHC Medical Provider.**

Return completed form to:

324 Kehr Union * Commonwealth University - Bloomsburg * 400 East Second Street * Bloomsburg, PA 17815-1301
Phone: (570) 389-4451 Fax: (570) 389-3417

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