

CU- Lock Haven Glennon Health Services

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 #

SHS 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 Services appointment.
- Wounds may need to be re-evaluated by the prescribing Medical Provider at the discretion of the SHS Medical Provider.

Return completed form to:

Glennon Health Services * Commonwealth University – Lock Haven * 401 North Fairview Street * Lock Haven, PA 17745
Phone: (570) 484-2276 Fax: (570) 484-2522