

**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)

<b>Medication</b>	<b>Dose</b>	<b>Route</b>	<b>Frequency</b>
Diagnosis _____		Date last given _____	

<b>Suture/Staple</b>	<b>Insertion Date</b>	<b>Location</b>	<b>Removal Date</b>	<b># of Sutures/Staples</b>
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<b>Wound</b> (Define care below)	<b>Location</b>	<b>Size</b>
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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