

CU- Mansfield Campus Clinic

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:

Mansfield Campus Clinic * Commonwealth University – Mansfield * 125 Clinton Street Spruce Hall * Mansfield, PA 16933
Phone: (570) 662-4350 Fax: (570) 662-4352