



# Medication/Order Authorization

This form will detail the necessary requirements for the University Health Center to store and administer a student’s medication. Please fax to (540) 568-6176.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Prescribing Provider: \_\_\_\_\_

Address of Prescriber: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Length of therapy: \_\_\_\_\_

ICD 10 Code(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ New RX with 1st dose being given at UHC

\_\_\_\_ Student will bring medication with them

\_\_\_\_ Medication will be shipped to the JMU Health Center (additional form must be completed by student)

Provider’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Internal Use** – Approved By:

UHC Medical Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_