Champlain Community Services 512 Troy Avenue, Suite 1 Colchester, VT 05446 (802) 655-0511 (Phone) Fax 655-5207

TELEPHONED Physician@s Medication/Treatment ORDERS

Clients Name:	Date/year:	Time:	Your Name:	
MEDICATIONDOSESCHEDULETREATMENTOTHER YOU CAN ASK THE DR'S OFFICE TO FAX THIS ORDER DIRECTLY TO CCS IF POSSIBLE GUIDELINES 1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MEDITREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianos Signature: Date:	Clientøs Name:		Doctorøs Name:	
GUIDELINES 1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicians Signature: Date:	The following telephoned	instructions are a change	in:	
GUIDELINES 1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicians Signature: Date:	MED	ICATION DOSE SCI	HEDULE TREATMENT OTHER .	
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				OSSIBLE
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
1) ORDER MUST INCLUDE: a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:				
 a) NAME OF MEDICATION / TREATMENT b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature:	GUIDELINES			
b) DOSE AND FREQUENCY c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:	1) ORDER MUST INCLUI	DE:		
c) MAXIMUM DURATION OF TREATMENT FOLLOWED BY WHAT TO DO IF PROBLEM PERSISTS. 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physician & Signature: Date:	a) NAME OF MEDICA	ATION / TREATMENT		
 2) TRANSCRIBE THIS ORDER TO MED/TREATMENT SHEET 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:	b) DOSE AND FREQU	JENCY		
 3) SEND ORIGINAL IMMEDIATELY TO CCS OFFICE (photocopy first, if possible) 4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date: 	c) MAXIMUM DURA	TION OF TREATMENT FO	LLOWED BY WHAT TO DO IF PROBLEM PE	RSISTS.
4) OFFICE WILL ROUTE ORDER TO BE SIGNED BY DOCTOR WITHIN 14 DAYS, YOU MUST VERIFY WHO IS GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:	2) TRANSCRIBE THIS OF	RDER TO MED/TREATMEN	NT SHEET	
GIVING THIS INSTUCTION-ONLY A PHYSICIAN, R.N., (OR P.A.) CAN ISSUE A TELEPHONED MED ORDER (not a secretary, LPN, etc) Physicianøs Signature: Date:	3) SEND ORIGINAL IMM	EDIATELY TO CCS OFFIC	E (photocopy first, if possible)	
(not a secretary, LPN, etc) Physicianøs Signature: Date:	4) OFFICE WILL ROUTE	ORDER TO BE SIGNED BY	Y DOCTOR WITHIN 14 DAYS, YOU MUST VEI	RIFY WHO IS
Physicianøs Signature: Date:	GIVING THIS INSTUC	TION-ONLY A PHYSICIAN	, R.N., (OR P.A.) CAN ISSUE A TELEPHONED	MED ORDER
	(not a secretary, LPN, etc)			
	Physician Signature:		Date:	