REMMSCO
Substance Abuse Recovery Homes

108 N. Main St. / P.O.Box 1121, Reidsville, North Carolina 27320
Phone: (336) 280-0371 Fax: (336) 342-9506 Web: www.remmsco.org

Physician's Statement

Physician/Nurse name: _____ **Patient Name:** _____

Address: _____ **Date of Birth:** _____

_____

Phone: _____

Fax: _____

I have examined this patient and found that he is stable physically and emotionally and able to fully participate in the program at REMMSCO, Inc. This patient is expected to comply with the following physician's order for prescription medications. He has been advised of the benefits and possible adverse effects of these medications through my office. I understand that prescription and OTC medications and supplements are stored securely and given to the resident, with staff supervision, at times the medication is scheduled for administration. I agree this patient may self-administer medications while on passes approved by the REMMSCO staff, and may self-administer and carry albuterol and levalbuterol rescue inhalers on their person if they have been prescribed.

The patient may also use the following OTC medications in the REMMSCO houses as-needed per box directions. We may ask the patient to discuss use with a physician if using an OTC medication for more than 2 weeks.

Multivitamin	Tums/Calcium Carbonate antacid tablets	Claritin/Loratadine
Acetaminophen/Tylenol	Imodium/Loperamide HCl	Benadryl/Diphenhydramine HCl (alcohol-free)
Ibuprofen, Advil, Motrin, any NSAID	Xyzal/Levocetirizine	Hydrocortisone cream
Mucinex/Guaifenesin	Zyrtec/Cetirizine HCl	Colace/Docusate sodium
Pepto-Bismol/Bismuth Subsalicylate	Allegra/Fexofenadine	Nicotine gum, lozenges, or patches

NO Opiates, Narcotics, Benzodiazepines, or Amphetamines

Medication, instructions (dose, frequency, route)	**Diagnosis**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prescriber Signature: _____ **Date:** _____