REMMSCO
Substance Abuse Recovery Homes

108 N. Main St. / P.O.Box 1121, Reidsville, North Carolina 27320
Phone: (336) 342-9504, menu option 4 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 person is expected to comply with the following physician's order for prescription medications. The patient has been advised of the benefits and possible adverse effects of these medications through my office.

The patient may also use OTC drugs approved for use in the REMMSCO houses including the following as-needed. We may ask the patient to discuss use with a physician if using for more than 2 weeks. I understand that prescription and OTC medications and supplements at 108 N Main 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.

Acetaminophen 325mg 2 tabs q6h po prn

Ibuprofen, Advil, Motrin, any NSAID up to two 200mg tab q6h prn

Mucinex/Guaifenesin up to 400mg q4h prn

Pepto-Bismol/Bismuth Subsalicylate up to 525mg q30m prn

Tums/Calcium Carbonate antacid tablets 2-3g up to 7g qd prn

Imodium/Loperamide Hydrochloride 2mg up to qid prn

Xyzal/Levocetirizine H2Cl2 5mg qd prn, Zyrtec/Cetirizine HCl 10mg qd prn

Allegra/Fexofenadine HCl 180mg prn, Claritin/Loratadine 10mg qd prn

Diphenhydramine HCl 25mg q6h prn

Hydrocortisone cream 1% q4h top prn

Colace/Docusate sodium 100mg as directed.

Sunscreen, insect repellant, multivitamin, saline nasal spray as directed.

Nicotine gum, lozenges, or patches as directed.

Multivitamin as directed.

NO Opiates, Narcotics, Benzodiazepines, or Amphetamines

Name of medication (print)	Dose	How often	Route

Prescriber Signature: _____ **Date:** _____