



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 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 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/Tylenol	Allegra/Fexofenadine, Claritin/Loratadine
Ibuprofen, Advil, Motrin, any NSAID	Diphenhydramine HCl
Mucinex/Guaifenesin	Hydrocortisone cream
Pepto-Bismol/Bismuth Subsalicylate	Colace/Docusate sodium
Tums/Calcium Carbonate antacid tablets	Sunscreen, insect repellent, saline nasal spray
Imodium/Loperamide HCl	Nicotine gum, lozenges, or patches
Xyzal/Levocetirizine, Zyrtec/Cetirizine HCl	Multivitamin

NO Opiates, Narcotics, Benzodiazepines, or Amphetamines

Name of medication (print)	Dose	How often	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prescriber Signature: _____ **Date:** _____