

363 College Road, University of Richmond, VA 23173 Phone: (804) 289-8064 Fax: (804) 287-6466 healthcenter.richmond.edu

## **Therapeutic Injection Order Form**

The University of Richmond Student Health Center (SHC) will administer therapeutic medication injections to your patient. Your patient is responsible for providing the medication and it may be stored at the SHC.

**Disclaimer:** The SHC is not liable due to loss of medication from theft, electricity or flood damage. Students may pick-up/drop-off medication during operational hours: M,T,W,F 8:30am-4:30pm and Thursdays 10am-4:30pm. The SHC is closed on weekends and all University holidays/breaks. University Police/Area Coordinators are not able to access the SHC after hours. We do not receive/send medication shipments.

Please complete/sign this form to provide orders for administering the medication, per our safety protocol. Any patient receiving such injections must have a completed form on file. This form must be updated annually.

Patient's Name:		DOB:	
Physician Name:			
Physician's Address:			
Phone:		_ Fax:	
Office Hours:			
	Therape	utic Injection Orders	
Medication Name:	Dosage:	Route:	
Medication schedule:			
Late instructions/medicatio	on schedule flexibility:		
Instructions for withholding	the medication/contactir	g your office:	
Special instructions:			
Physician's Signatur	e:	Date:	
Student's Signature:		Date:	

## **Please Print Clearly**