Short Course Medicines Order (for use with short course medicines. It must be faxed to the pharmacy)

Date chart started: ____ /____ /____

This form is for prescribing short course medicines. Refer to the resident's medical chart for previous short course charts. When the course is complete, sign, date and put a cross through the medicine . This is not a prescription.

Facility name _____ **Facility address** _____

Prescriber (use label if available) **Resident** (use label if available)

Prescriber name _____ Family Name _____

Prescriber address _____ Given name _____

_____ Date of Birth / /

Prescriber reg. no. _____ Room no. & NHI Room: NHI:

Short Course

Date: / /	Route:	Indication:							
Medicine name and form:						Strength	Strength units		
						•			
Special Instructions:		Time:		BKF		LUN		DIN		BED
		Dose:								
		Prescriber signature:				Stop date / /	Prescriber signature		

Short Course

Date: / /	Route:	Indication:							
Medicine name and form:						Strength	Strength units		
						•			
Special Instructions:		Time:		BKF		LUN		DIN		BED
		Dose:								
		Prescriber signature:				Stop date / /	Prescriber signature		

Short Course

Date: / /	Route:	Indication:							
Medicine name and form:						Strength	Strength units		
						•			
Special Instructions:		Time:		BKF		LUN		DIN		BED
		Dose:								
		Prescriber signature:				Stop date / /	Prescriber signature		

Short Course

Date: / /	Route:	Indication:							
Medicine name and form:						Strength	Strength units		
						•			
Special Instructions:		Time:		BKF		LUN		DIN		BED
		Dose:								
		Prescriber signature:				Stop date / /	Prescriber signature		

Short Course

Date: / /	Route:	Indication:							
Medicine name and form:						Strength	Strength units		
						•			
Special Instructions:		Time:		BKF		LUN		DIN		BED
		Dose:								
		Prescriber signature:				Stop date / /	Prescriber signature		