



Student Health Center

Medication, Suture Removal, Wound Care Order Form

Date _____ Student's Cell # _____ BU ID# _____

Please treat _____ DOB _____

(Student's Name)

_____	_____	_____	_____
Medication	Dose	Route	Frequency
Diagnosis _____		Date last given _____	

_____	_____	_____	_____
Suture Insertion Date	Location	Removal Date	# of Sutures

_____	_____	_____
Wound (Define care below)	Location	Size

Specific Instructions:

Prescribing Physician's Signature

Date

Print Physician's Name

Physician Phone #

Physician Fax #

BUSHC Medical Director's Signature

Date

Please note:

- Orders for medications are approved for 1 year.
- The student must hand carry any medication and/or supplies to each Health Center appointment.
- Wounds may need to be re-evaluated by the prescribing physician at the discretion of the Medical Director
- Staples cannot be removed by the SHC.

Return completed form to:

324 Kehr Union * Bloomsburg University * 400 East Second Street * Bloomsburg, PA 17815-1301

Phone: (570) 389-4451

Fax: (570) 389-3417

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