

0526857



FACILITY: AL-Insight
3451 Zuni Street
Denver, Colorado
80211

RESIDENT: George Curious

Date Of Birth: 1/1/1900

MEDICAL REC#: 101

UNIT/ROOM/BED: 108

ORDER TYPE: Telephone

Allergies: Strawberries, Amoxicillin

Diagnoses: Hypertension, Arthritis, Dementia

Category: MEDICATION

Order Date: 2/24/2009

Order Description:

Medication: Namenda 10 MG 1 tab Oral

Diagnosis: Dementia

Quantity:

Sig:

Refills: None

Start: 2/25/2009

Stop: None

Physician: Dr. Smith

Time(s): BID 0800 / 1500

Name and Title of staff receiving order: Vince Saturnino Date: 2/24/2009

Physician please sign and fax to AL-Insight at fax #1-800-299-0932. Facility phone # 303-477-7600, 303-570-1339.

1. Continue all orders for 365 days or specify number of times to refill _____.
2. Dispense all routine controlled substances 31 day quantities with 5 refills unless otherwise specified _____.
3. All PRN controlled substances will be dispensed in quantity please circle one 30 60 90.
4. If not specified #30 solid doses or 120ml liquid doses will be dispensed.
5. Refill PRN controlled substances 5 times or 180 days. Which ever comes first or specify _____ .

Signature of Physician _____

Date: _____