

Routine Orders

Client: _____ Date Requested: _____

Please circle all applicable numbers and fill in the blanks for your patient. Thanks for your help.

Please complete and return to: _____

Symptom	Routine Order	Routine	Phone Doctor
Pain: mild or moderate	1. Acetaminophen, 325mg, 2 tabs PO q4h prn 2. _____		
Common Cold and/or sore throat:	1. Salt water gargle, 4 x daily for sore throat 2. Antihistamine for cold symptoms		
Fever	1. Acetaminophen, 325mg, 2 tabs PO q4h prn 2. _____		
Canker sores on inner surface of Mouth	1. Hydrogen Peroxide and warm water (1:1); after meals and at bedtime, swish in mouth and spit, Do not swallow. 2. _____		
Indigestion, upset stomach, nausea	1. Mylanta _____ this PO _____ (dosage/frequently) 2. Ginger Ale or Cola type drink 3. _____		
Constipation	1. Laxative of choice (follow package instructions) 2. _____		
Diarrhea	1. Kaopectate _____ tbls. After each loose stool 2. Imodium per package instructions 3. _____		
Minor laceration or abrasion	1. Clean with soap and water 2. Apply Neosporin or other OTC anti-biotic ointment 3. Apply appropriate dressing		
Contusions or bruises	1. Apply ice to affected area		

Physician's Name: _____

Phone: _____ Fax: _____

Physician's Address: _____ City/State/Zip: _____

Physician's Signature: _____ Date: _____