



Student Health Services
 Student Union Building, 1, Room 2300
 4400 University Drive, MS 2D3
 Phone: 703-993-2831
 Fax: 803-993-4365

Injectable Medication Order Authorization Form

George Mason University Student Health Services (SHS) will administer therapeutic medication injections to your patient. Your patient is responsible for providing the medication to SHS. 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 First & Last Name: _____

Date of Birth: _____ **G#:** _____

Name of Prescribing Provider: _____

Address of Provider: _____

Phone: _____ **Fax:** _____

Best way to contact Provider: _____

Diagnosis/ICD-10 Code: _____

Medication Name: _____ **Dosage:** _____

Route: _____

Frequency: _____

Length of Therapy: _____

Is it necessary for Student Health staff to monitor the patient for a certain period of time after medication administration? If so, for how long? _____

Late instructions/ medication schedule flexibility: _____

Instructions for withholding the medication/contacting your office: _____

Other instructions: _____

New Prescription with 1st dose being given at George Mason SHS? Yes No

Provider Signature: _____ **Date:** _____

Patient Signature: _____ **Date:** _____

Internal SHS Use—Approved By:

SHS Provider: _____

Signature: _____ Date: _____