

Dr. Prescription Heading

Date:

Patient:

The patient has been released to attend day program full-time (or part-time i.e. 3x/week or half days - specify).

(\*If the consumer has changes in medications due to their hospitalization please have the doctor provide a complete **signed** list of current medications including the names of medication, strength, dosage, frequency or time given, reason prescribed, and maximum dose in 24hrs. Prior to the consumer returning to program please arrange for any medications to be taken by the consumer at program to be delivered to the program with the signed current list of medications.)

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X ....Must be signed by a doctor, nurse practitioner, or physician's assistant