

Dr. Prescription Heading

Date:

Patient:

Patient has injured _____. The patient has the following restriction _____
(or the patient has no restrictions).

(*If the consumer has a prescription due to the injury please also have the physician write a script for the medication including the name of medication, strength, dosage, frequency or time given, reason prescribed, maximum dose in 24hrs., and for how many days the medication is to be delivered)

XMust be signed by a doctor, nurse practitioner, or physician's assistant