



## PRN Authorization Letter

Dear Dr.

Date:

Unyeway Inc. is the day program provider for some of your patients who reside at \_\_\_\_\_ . Community Care Licensing Title 22 regulation 82075 is mandating that we have the consumer's physician determine which consumers are able to communicate their own need for PRN medication and those consumers who are able to clearly communicate symptoms indicating a need for a PRN medication.

In order to continue to administer PRN medications we must receive this form back signed by you. Please check the appropriate box(es) pertaining to

\_\_\_\_\_

- My Patient can determine and clearly communicate his/her need for prescribed PRN medications.
- My Patient cannot determine his or her own need for a PRN medication, but can communicate symptoms indicating a need for prescribed PRN medications.
- My Patient cannot determine his or her own need or the symptoms for a PRN medication. (CCL regulations require that in such cases the consumer's physician, physician's assistant, or nurse practitioner be contacted prior to the administration of each dose, even with a prescription order on file.) \*Though my patient cannot communicate a need or symptoms for a prescribed PRN medication, when **non-subjective physical symptoms** occur such as a fever, repeated seizures, anaphylactic signs, etc... my prescribed PRN orders pertaining to these signs and symptoms should be followed without the need to contact my office.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions please call the location indicated below:

- Unyeway, Inc. East County – 11440 Riverside Dr. Suite D. Lakeside, CA. 92040.  
Phone (619) 562-6330 Fax (619) 562-6547.
- Unyeway, Inc. South Bay – 1261 3<sup>rd</sup> Ave. Suite G. Chula Vista, CA. 91911.  
Phone (619) 691-6346 Fax (619) 691-6963.
- Unyeway, Inc. North County – 4065 Oceanside Blvd. Suite J. Oceanside, CA. 92056.  
Phone (760) 643-9394 Fax (760) 643-9616.