



# United Support Services, Inc.

"The works of many coming together for the good of One"

## Physician's Standing Order Form/Over-the-Counter Medications

Member's Name:

Member's Medicaid #:

Member's DOB:

Member's Record #:

Condition	Medication	Dosage	Instructions
Fever/Pain			
Constipation			
Nausea/Vomiting			
Cough			
Indigestion			
Nasal Congestion			
Itching			
Sore Throat			
Acid Reducer			
Other:			

Doctor's Name (Print Name):	Phone Number:
Address:	Fax Number:

Physician's Signature:

Date: