

LAFAYETTE

BAILEY HEALTH CENTER

Request for Injectable Medication Administration

Name: _____

Date of Birth: _____ Lafayette ID: _____

To receive injectable medications at Bailey Health Center, please have your medical provider complete the following information. Forms may be mailed, faxed, or returned in person.

Lafayette College does not administer the first dose of any biologic or immunosuppressing medications. Bailey Health Center is not liable for the condition or content of delivered medications.

Mailing Address
Lafayette College
Bailey Health Center
607 High Street
Easton, PA 18042

Fax
(610) 330-5704
Attn: Bailey Health Center

Medication: _____ Dose: _____

Frequency: _____ Diagnosis: _____

Provide instructions in the event that the clinic or patient's schedule may result in an early or late dose:

OK to give dose up to _____ days early.

OK to give dose up to _____ days late.

Additional Instructions (observation time, etc.): _____

Conditions under which medication should not be given: _____

- If administered in office, date of most recent dose: _____

Prescriber's Name: _____

Prescriber's Signature: _____

Medical Specialty: _____

Office Phone #: _____ Office Fax #: _____

Office Address: _____