

PRN AUTHORIZATION LETTER

Dear Dr. _____

Re: Your Patient: _____

A resident of: ELITE ELDER CARE, 2041 Bates Circle, El Dorado Hills, CA 95762 (Lic.# 097003738)

To receive nonprescription and prescription PRN medications, state licensing requires that either:

- 1) your patient be capable of determining his/her own need for the medication, (or)
- 2) for nonprescription medication only, be able to clearly communicate his/her symptoms

If your patient cannot determine his/her need for a medication, or, clearly communicate the symptoms for a nonprescription medication then you, the physician, must be contacted before the PRN medication can be given. Your completion of this form will serve to document your patient's current ability to determine his/her own need for these medications.

As a licensed care provider, it is my responsibility to monitor your patient's continued ability to determine his/her own need for PRN medications and inform you of any changes which indicate he/she can no longer make these decisions.

Sincerely,

Daniela Berindei, Administrator/Licensee

ELITE ELDER CARE, 2041 Bates Circle, El Dorado Hills, CA 95762
(916) 267-1346 Phone / (916) 941-7143 Fax (danielab26@yahoo.com) email

Please check which circumstance describes your patient:

My patient can determine and clearly communicate his/her need for prescription and nonprescription medication on a PRN basis

My patient cannot determine his/her own need for nonprescription PRN medication, but can clearly communicate his/her symptoms indicating a need for a nonprescription medication

My patient cannot determine his/her need for prescription and/or non prescription PRN medication and cannot clearly communicate his/her symptoms indicating a need for a nonprescription PRN medication. (Licensee must contact physician before each dose)

The following prescriptions and nonprescription medications can be taken by this patient on a PRN basis:

Physician's Signature: _____ Date: _____