XXXX Area POD Plan

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| **NAPH (name, address, patient history) Form**  Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_ | | Contact Phone Numbers | | |
| Home: ( ) | | |
| Cellular: ( ) | | |
| Work: ( ) | | |
| I am picking up medications for myself. I agree to take them as prescribed.  I am picking up medications for others in my household. I am authorized to sign for these people, and I agree to provide the medications and instructions to all of them.  Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| A  Enter the name and date of birth of each person to receive medication.  **Enter weight for any person under 90 Lbs.**  ***The person picking up the medications should be listed 1st*** | | | B | C |
| 1 | Name *(Last, First)* | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *1*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |
| 2 | Name *(Last, First)*: | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *2*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |
| 3 | Name *(Last, First)*: | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *3*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |
|  | **NAPH (name, address, patient history) Form (continued)** | | |  |
| 4 | Name *(Last, First)*: | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *4*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |
| 5 | Name *(Last, First)*: | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *5*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |
| 6 | Name *(Last, First)*: | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *6*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |
| 7 | Name *(Last, First)*: | | 🗸if you have any of the following conditions:  🞏 Pregnant or nursing  🞏 Kidney failure/dialysis  🞏 Taking birth control pills  🞏 Difficulty swallowing tablets | 🗸 if you have an allergy to:  🞏 Cipro (ciprofloxacin)  🞏 Vibramycin (doxycycline)  🞏 Penicillin |
| Date of Birth: Age: Weight if less than 90 pounds: | | *7*  *SNS Medication Label Here* |
| *For Office Use Only* adult:  Doxy  100 mg child:  Doxy Dosage: | | |
| Cipro  500 mg  Cipro | | |

**Screener:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dispenser:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**