

## Medication Reason for Use

Date: \_\_\_\_\_

Resident: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Doctor: \_\_\_\_\_

Your Patient, \_\_\_\_\_, is a resident of \_\_\_\_\_. In order for us to ensure an accurate understanding of medications prescribed as they relate to health and safety, we are requesting documentation from you stating the reason why our resident is being prescribed medication.

Drug	Dose	Frequency Given	Reason for Use

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

\_\_\_\_\_  
Date Signed