Hope Haven, Inc.
3815 N. Tryon Street
Charlotte, NC 28206
704-372-8809
704-372-6920 Admissions Fax

North Carolina Dept. of Health & Human Services requires that we have a note from the physician stating the patient may self-administer all prescribed medications. Please complete this form and give it to your patient to return to us. NC State Statute says that only those persons with the following credentials: M.D., P.A. or N.P. can legally write prescriptions, and therefore may sign this form.

Client Name _____

MEDICINE	DOSAGE	REASON PRESCRIBED

*********The information on this document certifies that this person may self-administer these medications.*

*Signature*_____

*Medical Facility*_____

*Date*_____

Thank you for your help in better serving our residents,

Alice Harrison
President, CEO

Form # 02-60-85 *PRESCRIBER SIGNATURE*
Revised 2/8/10 jlc