Prescription Medication Authorization

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Date of Birth: [Insert DOB]

Patient ID: [Insert Patient ID]

Prescriber Name: [Insert Prescriber Name]

Prescriber Contact Information: [Insert Contact Info]

Medication: [Insert Medication Name]

Dosing Instructions: [Insert Dosage and Frequency]

Duration of Treatment: [Insert Duration]

Reason for Medication: [Insert Reason]

Signature: _____

Prescriber License Number: [Insert License Number]