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Student ID# _____



Therapeutic Injection Order Form

The TCU Student Health Center will administer therapeutic medication injections to your patient. Your patient is responsible for providing the medication and it may be stored at the TCU Health Center.

Disclaimer: The TCU Health Center is not liable due to loss of medication from theft, electricity or flood damage. Students may pick-up/drop-off medication during operational hours (Monday-Friday 9am – 5pm) Students can also have medications delivered directly to the TCU Health Center. The TCU Health Center is closed on weekends and All University holidays/breaks. University Police/Area Coordinators are not able to access the TCU Health Center after hours.

Please complete and sign this form to provide orders for administering the medication, per our safety protocol. Any patient receiving such injections must have a completed form on file. This form must be updated annually.

Please PRINT Clearly

Patient Name: _____ DOB: _____

Physician Name: _____

Physician Address: _____

Phone Number: _____ Fax Number: _____

Therapeutic Injection Ordered

Medication Name: _____ Dosage: _____ Route: _____

Medication Schedule: _____

Late instructions/medication schedule flexibility: _____

Diagnosis and Insurance Code: _____

Instructions for withholding the medication/contacting your office: _____

Special instructions: _____

Physician's Signature: _____ Date: _____

Student's Signature: _____ Date: _____