

Pine Meadows Ranch Assisted Living Home

Physician's Consent for Administration of Medication

To Whom It May Concern:

I authorize the certified caregivers from Pine Meadows Ranch Assisted Living Home to assist with self-administration and/or administration for (patient name) _____ on a daily basis.

I also authorize the certified caregiver and/or manager to place the medications in a mediset on a weekly basis as needed.

Physician's Printed Name: _____

Physician's Signature: _____ Date: _____

Pine Meadows Ranch Assisted Living Home
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