



**The Arc of Allen County  
Camp Robin Rogers  
546 South Collett Street  
Lima, Ohio 45805  
Phone 419-225-6285  
Fax 419-228-7770**

Prescription Authorization

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

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

**For your Doctor to fill in:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medications:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Reactions to medications that should be reported. Special instructions:

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State/ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone - # 911

**Please Note:**

1. **If any changes in medication notify The Arc at 419 225-6285.**