

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

ER FORM

Name Shay Hollingsworth Date 6/12/17
Address _____

R

Malarone 250/100mg

Disp: 15

Sig: Take one pill a day. Begin 2 days before
departure, continue through stay and
for 7 days after return.

[Signature], M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written, M.D. or C.R.N.P.

Check Fee	No Charge
Travel RX	<u>\$ 15.00</u>
Admin.	\$ 5.00
Other:	
skin test	\$ 10.00
step	
skin test	\$ 20.00
step	
MR	\$ 75.00
Varicella	\$ 150.00

MEDICATIONS

Dose Pack	\$ 8.00	Hydrocortisone Cream 2.5%	\$ 6.00	INH 300mg	\$ 9.00
Azithromycin 1G	\$ 6.00	Solumedrol 125mg injection	\$ 6.00	Ceftriaxone 1G	\$ 18.00
Ceftriaxone 250mg	\$ 6.00	Phenergan 25mg/ml	\$ 5.00	Tobramycin 0.3%	\$ 5.00
Ketorolac 30mg	\$ 6.00	Other:		Other:	

Lab Fees

Urine Preg. Test	\$ 10.00
Hepatitis B Surface Antigen	\$ 15.00
Varicella IgG	\$ 25.00
MMR Titer	\$ 55.00
CBC	\$ 7.00
STI Testing	\$ 5.00
Other Lab Fees:	

MEDICATION CHARGES (FORMULARY)

DIAGNOSIS/SERVICES

Total Charges	Services \$	Intake Cash Check Charge (Please circle)	Amount Due \$
	Meds \$		Amount Paid \$
	Total \$		(Outstanding) \$