

# Prescriber's Report and Recommendation

SEPTA Medical Department  
1234 Market Street  
Philadelphia, PA 19107-3780  
(215) 580-7128  
Fax (215) 580-3726

(addressograph)

Instructions: Please fill in this section and present to physician.

Employee's name:

Account:

Address:

Day phone:

Home phone:

To my Physician:

In order to expedite my return to work as a \_\_\_\_\_, Job Title

please provide the information requested below for use by SEPTA'S Medical Department. This is necessary because of safety concerns involving the use of certain prescription medications by transportation employees.

I hereby authorize you to release this information to SEPTA Medical, and thank you for your assistance in this matter.

Date

Employee's Signature

Prescriber: complete this section. Return to employee or send to Medical.

This verifies that I have prescribed the following medication(s) for the above-named patient (if more space needed check [ ] and used back of form):

MEDICATION	STRENGTH	DIRECTIONS	DURATION (days/weeks)

I further certify that, in light of the patient's job duties, that this patient may safely consume these medications at the dosage listed above while on duty or subject to duty.

This patient's working diagnosis is: \_\_\_\_\_

Signature of prescriber:

Date:

PRINT NAME & Address:

City, State:

Phone: