

School Nurse Bronchodilator Prescription Request Form

Please fax this completed form to the ConvenientMD nearest you and call the practice manager to confirm receipt. Once received, a practice manager will have the prescription completed and sent back to you.

SCHOOL NURSE COMPLETE HERE

School Name: _____

School Address: _____

School Nurse Name: _____

School Nurse Phone: _____ School Nurse Fax: _____

School Nurse Email: _____

Nurse Signature: _____ Date: _____

ConvenientMD LOCATIONS

★ Bedford	3 Nashua Road	Ⓟ 603-472-6700	Ⓡ 603-472-6701
★ Concord	8 Loudon Road	Ⓟ 603-226-9000	Ⓡ 603-226-2268
★ Dover	14 Webb Place	Ⓟ 603-742-7900	Ⓡ 603-343-4749
★ Exeter/Stratham	1 Portsmouth Avenue	Ⓟ 603-772-3600	Ⓡ 603-772-3601
★ Keene	351 Winchester Street	Ⓟ 603-352-3406	Ⓡ 603-352-3416
★ Merrimack	2 Dobson Way	Ⓟ 603-471-6069	Ⓡ 603-471-6068
★ Nashua	565 Amherst Street	Ⓟ 603-578-3347	Ⓡ 603-578-3387
★ Portsmouth	599 Lafayette Road	Ⓟ 603-942-7900	Ⓡ 603-630-1009
★ Windham	125 Indian Rock Road	Ⓟ 603-890-6330	Ⓡ 603-458-7626

PRACTICE MANAGER INSTRUCTIONS

Please print out the blank prescription file from this folder M:\Operations\Downtime\Blank Rx forms. Please have a provider in your clinic or a Regional Medical Director complete the prescription and fax to the requesting nurse.