

Developing Potential, Inc.



120 West Walnut Street
Independence, Missouri 64050
(816) 252-0086 Fax (816) 252-3552

Customer Name: _____

Name of Medication: _____

Reason for Medication: _____

Dosage and Time: _____

Route Taken: _____

This medication order is good for: 3 months 6 months 1 year
(medication orders must be updated every three months if not indicated by different length of time on this form)

Name of Medication: _____

Reason for Medication: _____

Dosage and Time: _____

Route Taken: _____

This medication order is good for: 3 months 6 months 1 year
(medication orders must be updated every three months if not indicated by different length of time on this form)

Doctor's Name: _____

Phone Number: _____

Signature: _____ Date: _____

All medications must in the original container and include all the information listed above. Meds must be hand delivered to a Medication Certified individual at DPI.