

Label

Patient Travel Consultation
Physician Record & Prescriptions

Patient Concern/Requests:

Medications Prescribed:

Weight _____ lbs _____ kg

Malaria Prophylaxis/Travelers Diarrhea Medications Prescribed:

Mefloquine (Lariam):	<i>Dose:</i>	<i>SIG:</i>	<i>#:</i>	<i>start:</i>
Chloroquine (Aralen):	<i>Dose:</i>	<i>SIG:</i>	<i>#:</i>	<i>start:</i>
Doxycycline:	<i>Dose:</i>	<i>SIG:</i>	<i>#:</i>	<i>start:</i>
Malarone:	<i>Dose:</i>	<i>SIG:</i>	<i>#:</i>	<i>start:</i>
Ciprofloxacin:	<i>Dose:</i>	<i>SIG:</i>	<i>#:</i>	<i>start:</i>
Others: _____	<i>Dose:</i>	<i>SIG:</i>	<i>#:</i>	<i>start:</i>

Other Prescriptions or Instructions:

Physician's Signature: _____ Date: _____