MH 656
Revised 03/31/11

NON-PRESCRIPTION MEDICATION NOTE

(For use by MD/DO, NP, RN, PT, LVN, and students of these disciplines)

Date:

Rendering Provider Face-to-Face/Other Time* (Hrs:Mins):

Procedure Code:
- ☐ **H2010 – Complex Med**
- ☐ **H0033 – Oral Admin**
- ☐ **96372 – Injection**

Other Staff Initials:

Total Time* (Hrs:Mins):

*** All travel and documentation time must be recorded as "Other" by the Rendering Provider or "Total Time" by other staff.**

☐ Continued **(Sign & complete information on last page of Non-Prescription Medication Note)**

Signature & Discipline	Date	Co-signature & Discipline	Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

NON-PRESCRIPTION MEDICATION NOTE