**Date:** Click here to enter a date.

**To:** Click here to enter name.

**Fax:** Click here to enter fax number.

|  |  |  |
| --- | --- | --- |
| **From:** Click here to enter name. | |  |
| **Phone**: 425-821-8785 | **Department / Unit:** Click here to enter text. | |
| **Fax:** 425-823-9667 | **E-mail:** Click here to enter text. | |

Number of pages including cover page: Click here to enter page count.

**Comments:**

Click here to enter patient name c/o constipation that has not improved with use of fiber and/or stool softeners. Recommend a laxative. Which would you like to prescribe?

* Lactulose 30 mL PO bid prn
* Sorbitol 30 mL PO q 4 hrs prn, not to exceed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other

Thank you,

Click here to enter name.