

Physician's Order Form

ALL ORDERS MUST BE WRITTEN WITH A BALL POINT PEN AND INCLUDE DATE, TIME, AND PHYSICIAN'S SIGNATURE.

DATE	TIME	PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS
			IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	ALLERGY:		

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:
 U MS
 IU MSO₄
 Q.D. MgSO₄
 Q.O.D. Trailing zero
 Lack of leading zero

PATIENT ID LABEL