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 |
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| ✓ Summary/Blanket orders are unacceptable. DO N | | | | | USE: | | PATIENT ID LABEL |
| ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication. IU | | | | | MS MS | | |
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✓ Rewrite orders upon transfer and/or post-operatively.
 ✓ Date, time, and sign verbal & telephone orders within 48 hours.
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