Last Name		First Name	^	ttending Physician	Room No.	Admission No.	
Date Ordered Dis	Date scontinued		ORDERS				
Signature of Nu Receiving Orde			Time	Signature of X			

ast Name	,	First Name	1	Attending Physician	Room No.	Admission No.		
Date Ordered	Date Discontinued	ORDERS						
Signature of Nurse X Receiving Order		25	Time	Signature of X				
	0	RIGINAL COPY - Phys	sician Plea	ase Sign and Return Wi	thin 48 Hrs.			

PHYSICIAN'S TELEPHONE ORDERS