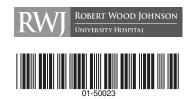


01-50023 (06/11)



PHYSICIAN'S ORDERS

NOTE: Date, Time and Practitioner's signature must appear for each set of orders. Authorization is hereby given to dispense the Generic or approved Therapeutic equivalent unless otherwise specified. **DO NOT USE: Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod, U, IU, Trailing zero** (X.0) lack of leading zero (X.7) for medication orders/documentation. MS. MS04.

X.0) lack of leading and DATE & TIME ORDERED	/	/	• -	AM PM	This	s form is	s used for	r wr	itten Physicia Id be entered				ORDER ENTERED IN SYSTEM INITIALS
LICENSED PHYSICI	IAN S	IGNATU	JRE	PRINT N	AME	BEEP	ER NUMBE	ĒR	VERIFIED BY RE	GISTERED	NURSE	DATE /	TIME : M
DATE & TIME ORDERED	/	/	• -	AM PM					itten Physicia Id be entered				ORDER ENTERED IN SYSTEM INITIALS
LICENSED PHYSICI	IAN S	IGNATU	JRE	PRINT N	AME	BEEP	ER NUMBE	ĒR	VERIFIED BY RE	GISTERED	NURSE	DATE	TIME : M
DATE & TIME ORDERED	/	/	•	AM PM	11110	s form is Verbal	s used for orders sl	r wri	itten Physicia Id be entered	n Orders I directly	only. Te into the	elephone computer.	ORDER ENTERED IN SYSTEM INITIALS
LICENSED PHYSICI	IAN S	IGNATU	JRE	PRINT N	AME	BEEP	ER NUMBE	ĒR	VERIFIED BY RE	GISTERED	NURSE	DATE	TIME : M



PHYSICIAN'S ORDERS

NOTE: Date, Time and Practitioner's signature must appear for each set of orders. Authorization is hereby given to dispense the Generic or approved Therapeutic equivalent unless otherwise specified. DO NOT USE: Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod, U, IU, Trailing zero (X.0) lack of leading zero (X.7 mg) for medication orders/documentation, MS, MS04, MgS04.

	OPPER
DATE & TIME AM This form is used for written Physician Orders only. Telephone	ORDER ENTERED
ORDERED / /	IN SYSTEM
ORDERED / / and Verbal orders should be entered directly into the computer.	INITIALS
— F	+
	+
	+
	+
	+
	+
	+
	+
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	IIIVIE
	: M
	• IVI
DATE & TIME AM This form is used for written Physician Orders only Telephone	ORDER
Time form to document my diolar cradio only. Telephone	ENTERED
ORDERED / / and Verbal orders should be entered directly into the computer.	IN SYSTEM
7 7 <u> </u>	INITIALS
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME
	: M
	1 •
	ORDER
DATE & TIME AM This form is used for written Physician Orders only. Telephone	ENTERED
ORDERED / and Verbal orders should be entered directly into the computer.	IN SYSTEM
•pM and verbal orders should be efficied directly into the computer.	INITIALS
	+
	1
	+
	1
	+
	1
	+
	1
	+
	+
	+
LICENSED DHYSICIAN SIGNATURE DRINT NAME REEDED NUMBED VEDISIED BY DEGISTEDED NURSE DATE	TIME
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME : M





PHYSICIAN'S ORDERS

NOTE: Date, Time and Practitioner's signature must appear for each set of orders	s. Authorization is hereby given to dispense the Generic or
approved Therapeutic equivalent unless otherwise specified. DO NOT USE: Q.D.	., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod, U, IU, Trailing zero
(X.0) lack of leading zero (.X mg) for medication orders/documentation, MS.	MS04, MgS04.

A.U) lack of leading zero (.A mg) for medication orders/documentation, wis, wiso4, wigso4.	ORDER				
E & TIME —— AM This form is used for written Physician Orders only. Telephone and Verbal orders should be entered directly into the computer.					
	INITIALS				
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME				
	: M				
DATE & TIME AM This form is used for written Physician Orders only Telephone	ORDER				
Oppensor	ENTERED IN SYSTEM				
and Verbal orders should be entered directly into the computer.	INITIALS				
	1				
	_				
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME				
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE					
	:M				
DATE & TIME AM This form is used for written Physician Orders only. Telephone	ORDER ENTERED				
ORDERED / PM and Verbal orders should be entered directly into the computer.	IN SYSTEM INITIALS				
· · · <u></u> •	INTIALO				
	+				
	+				
	\top				
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE,	TIME				
	: M				





PHYSICIAN'S ORDERS

NOTE: Date, Time and Practitioner's signature must appear for each set of orders. Authorization is hereby given to dispense the Generic or approved Therapeutic equivalent unless otherwise specified. DO NOT USE: Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d., qod, U, IU, Trailing zero (X.0) lack of leading zero (X.7) for medication orders/documentation, MS, MS04, MgS04.

(X.0) lack of leading zero (.X mg) for medication orders/documentation, MS, MS04, MgS04.	-
DATE & TIME ORDERED AM This form is used for written Physician Orders only. Telephone and Verbal orders should be entered directly into the computer.	ORDER ENTERED IN SYSTEM INITIALS
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME
	: M
DATE & TIME ORDERED AM This form is used for written Physician Orders only. Telephone and Verbal orders should be entered directly into the computer.	ORDER ENTERED IN SYSTEM INITIALS
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME
	:M
DATE & TIME ORDERED AM This form is used for written Physician Orders only. Telephone and Verbal orders should be entered directly into the computer.	ORDER ENTERED IN SYSTEM INITIALS
LICENSED PHYSICIAN SIGNATURE PRINT NAME BEEPER NUMBER VERIFIED BY REGISTERED NURSE DATE	TIME : M