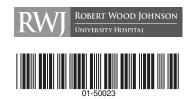01-50023

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 mg) for medication orders/documentation, MS, MS04, MgS04.***

DATE & TIME ORDERED / / : ___ AM ___ PM

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 ___ PM

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LICENSED PHYSICIAN SIGNATURE	PRINT NAME	BEEPER NUMBER	VERIFIED BY REGISTERED NURSE	DATE	TIME
				/ /	: M

ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

01-50023

1

PHYSICIAN'S ORDERS

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LICENSED PHYSICIAN SIGNATURE	**PRINT NAME**	**BEEPER NUMBER**	**VERIFIED BY REGISTERED NURSE**	**DATE** / /	**TIME** : M

SEND TO PHARM

01-50023 (06/11)

RWJ ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

01-50023

PHYSICIAN'S ORDERS

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LICENSED PHYSICIAN SIGNATURE	PRINT NAME	BEEPER NUMBER	VERIFIED BY REGISTERED NURSE	DATE / /	TIME : M

SEND TO PHARM   2

01-50023 (06/11)

![RWJ ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL]

01-50023

PHYSICIAN'S ORDERS

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3

LICENSED PHYSICIAN SIGNATURE	PRINT NAME	BEEPER NUMBER	VERIFIED BY REGISTERED NURSE	DATE / /	TIME : M