**Physician’s Order Form**

**Blank**

GMHA #0490  Stock # 990490
Approved Date: HIMC 5/2010  Form Revised 5/2010

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</th>
<th>DATE</th>
<th>TIME</th>
<th>INTRAVENOUS FLUID and MEDICATION ORDERS</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**ALLERGY:**

- U  MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trailing zero
- Lack of leading zero

- 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