

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS	
<p>Employee Health Services Pre-Employment Orders</p> <p>DATE: _____ TIME: _____</p> <p><i>Laboratory</i></p> <p><input type="checkbox"/> Drug Screening</p> <p><input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> HBsAG</p> <p><input type="checkbox"/> HBsAB</p> <p><input type="checkbox"/> HCV</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> RPR</p> <p><input type="checkbox"/> Stool; Ova & Parasite</p> <p><input type="checkbox"/> Stool; Bacteria Culture</p> <p><input type="checkbox"/> AST (SGOT)</p> <p><input type="checkbox"/> ALT (SGPT)</p> <p><input type="checkbox"/> Varicella</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Radiology</i></p> <p><input type="checkbox"/> Chest X-ray</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Other</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>MD: _____</p>	IVF and MEDICATION ORDERS ONLY		ALLERGY:	
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- ✓ 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

PATIENT ID LABEL