

ALL ORDERS MUST BE TYPED IN **TIMES NEW ROMAN FONT** AND INCLUDE **DATE, TIME, AND PHYSICIAN'S SIGNATURE.**

DATE	TIME	PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS
			ALLERGY:		
IVF and MEDICATION ORDERS ONLY			IVF and MEDICATION ORDERS ONLY		
Physician Signature: _____			Physician Signature: _____		

- ✓ 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

Patient Identifier: _____

Physician's Order Form Blank