

PHYSICIAN'S ORDER SHEET

***ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.***

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	GENERAL ORDERS	
		DATE:	TIME:
		1. Admit to Recovery - Dr. Deborah Wilson	
		2. S/P Eye Surgery	
		3. Condition: Stable	
		4. Per Routine	
		5. Activities: OOB, No bending	
		No heavy lifting, sleep on opposite surgery	
		6. IV Fluids: Discontinue when tolerating	
		P.O. fluids	
		7. Meds: Tylenol 650 mg prn	
		Tylenol #1 tab every 4 hrs prn pain	
		-- Call Dr. Wilson for severe pain --	
		8. Discharge: When stable with / without	
		Eye patch overnight	
	9. Follow-Up Dr. Wilson's office 0730 (7:30am) the morning		
	after surgery		
	10. Eye Kit to home with Patient. (Econopred, Tobradex)		

Allergy	MEDICATIONS			
ALL MEDICATIONS:			RATIONALE:	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
FAXED BY/TIME:	TIME NOTED:	NURSE'S Signature / Title:	MD's Signature:	Date:
				Time:

PART OF THE MEDICAL RECORD