Your
 PH

 Hospital's
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## **PHYSICIAN'S ORDER SHEET**

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

		Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	Allergy
		Tunsenbed	1	PHYSICIAN'S ORDER
				DATE: TIME:
	NO			POST OP ORDERS
	PATIENT IDENTIFICATION			
	IFIO			1. Admit to Recovery Room with Vital Signs per Routine.
	LN			2. S / P Right / Left Cataract Surgery
	<u> </u>			3. Condition: Stable
	LN			4. Dressing: Eye Pad and Eye Shield on Left / Right Eye.
	ATIE			5. Medications:
	2			Pilocarpine Ophthalmic solution (one gtt.) to Right / Left eye
				prior to Discharge
				6. Discharge Home per Anesthesia guidelines
FA	XED BY/TIME:	TIME NOTED	):	Doctor's Signature,MD_Date
MILITARY TIME > >				Nurse's Signature / Title
		Check ( $$ )	Check $()$	
		Each Order As Transcribed	Pharmacy Orders	Allergy
				PHYSICIAN'S ORDER
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FA	XED BY/TIME:	TIME NOTED	):	Doctor's Signature,MD Date
MILITARY TIME > >				
		I		Nurse's Signature / Title
	Ρ	AR	ΓΟΓ	THE MEDICAL RECORD
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Post Op Cataract Surgery Physicians Order\_WM-MD\_MEDICAL AFFAIRS