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# 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.**

<b>PATIENT IDENTIFICATION</b>	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	<b>Allergy</b>		
			<b>Physicians Order</b>		
			<b>DATE:</b>	<b>TIME:</b>	( Military Time )
			Admit to Psychiatry Dr. _____		
			History & Physical Consultation by _____		
			CBC, STS, CHPI, BUN, GLUCOSE, SMA 7		
			Urinalysis Urine Drug Screen		
			Routine Vital Signs		
			Regular Diet as Tolerated		
			Audit Dual Diagnosis Program		
			Repeat Urine Drug Screen 72 Hours		
			After Admission Screen Obtained		
<b>FAXED BY/TIME:</b>		<b>TIME NOTED:</b>	Doctor's Signature _____, MD Date _____		
			Nurse's Signature / Title _____		

**Military Time >>**

<b>PATIENT IDENTIFICATION</b>	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	<b>Allergy</b>		
			<b>Physicians Order</b>		
			<b>DATE:</b>	<b>TIME:</b>	( Military Time )
			Benadryl 50mgm, IM for EPS x 1, then notify Physician		
			Tylenol Tablets 2po Q4° prn x 6 doses for Simple Pain Daily		
			Maalox 30 ml po Q4° prn Gastric Distress x 6 doses Daily		
			MOM̄ Cascara 30 ml po Daily prn Constipation x 1 Daily		
			Pericolace Tabs tt po Daily prn Constipation x 1 Daily		
<b>FAXED BY/TIME:</b>		<b>TIME NOTED:</b>	Doctor's Signature _____, MD Date _____		
			Nurse's Signature / Title _____		

**Military Time >>**

**USE BALL POINT PEN ONLY - PRESS FIRMLY**

**PART OF THE MEDICAL RECORD**