Your Hospital's Logo

## PHYSICIAN'S ORDER SHEET

PATIENT IDENTIFICATION

	VIATIONS	Check (√) As Transcribed	<b>ALLERGY</b>				
DO NOT		rranscribed					
DO NOT USE	USE		INDICATE RATIONALE FOR MEDICATION ORDERS			RATIONALE	
			Date:	Time:			
QD)	Daily						
QOD	Every						
	Other Day						
QID	4 Times						
	a Day						
U	Units						
UG	Microgram -						
			Physician's Signatı	ure / Title:		Date:	Pager:
					M.D.		
(cc)	ML	ŀ	Faxed By/Time:	NURSE'S Signature / Title:		Date:	Time:
	IVIL						
						:	
2000	0.2mg		Date: Time:				
.2mg							
10.0mg	10mg						
10000 I	M l- !						
MSO <sub>4</sub>	Morphine Sulfate						
101004	Juliate						
MG or MgSO <sub>4</sub>	Magnesium						
	Sulfate						
	Left					<u> </u>	
os	Eye						
OU	Both Eyes						
111111111111111111111111111111111111111	Right						
	Eye		Dhamister I. C.	/ T:41a.		Detec	Dec:
AS	Left Ear		Physician's Signature / Title: M.D.			Date:	Pager:
AU	Both				2		
	Ears Right		Faxed By/Time:	NURSE'S Signature / Title:		Date:	Time:
AD	Ear						
OD)	Right Eye Left		Physician's Signati	ure / Title:	M.D.	Date:	Pager:

## PART OF THE MEDICAL RECORD