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# PHYSICIAN'S ORDER SHEET

PATIENT IDENTIFICATION

ABBREVIATIONS		Check (✓) As Transcribed	ALLERGY		
DO NOT USE	USE		INDICATE RATIONALE FOR MEDICATION ORDERS		RATIONALE
<input type="checkbox"/>	<b>QD</b> Daily		Date:	Time:	
<input type="checkbox"/>	<b>QOD</b> Every Other Day				
<input type="checkbox"/>	<b>QID</b> 4 Times a Day				
<input type="checkbox"/>	<b>U</b> Units				
<input type="checkbox"/>	<b>UG</b> Microgram		Physician's Signature / Title:		Date:
					Pager:
<input type="checkbox"/>	<b>ML</b>		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:

<input type="checkbox"/>	<b>.2mg</b> 0.2mg		Date:	Time:	
<input type="checkbox"/>	<b>10.0mg</b> 10mg				
<input type="checkbox"/>	<b>MS or MSO<sub>4</sub></b> Morphine Sulfate				
<input type="checkbox"/>	<b>MG or MgSO<sub>4</sub></b> Magnesium Sulfate				
<input type="checkbox"/>	<b>OS</b> Left Eye				
<input type="checkbox"/>	<b>OU</b> Both Eyes				
<input type="checkbox"/>	<b>OD</b> Right Eye				
<input type="checkbox"/>	<b>AS</b> Left Ear		Physician's Signature / Title:		Date:
<input type="checkbox"/>	<b>AU</b> Both Ears				Pager:
<input type="checkbox"/>	<b>AD</b> Right Ear		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:

**PART OF THE MEDICAL RECORD**