

Your
Hospital's
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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.***

	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	TURP POST OPERATIVE ORDERS - CLINICAL PATHWAY: Day 2	
				NO PCP, TB, Aspiration
			DATE:	TIME:
			ACTIVITY: OOB as tolerated	
			LABS:	
			1. CBC	
			2. Lytes	
			STOOL SOFTENER:	
			DC IV in AM	
			Remove Foley Catheter at 0600 (6am)	
			Discharge Today, if patient voids	
PATIENT IDENTIFICATION	FAXED BY/TIME:		TIME NOTED:	
	Doctor's Signature _____, MD		Date _____	
	Nurse's Signature / Title _____			

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD