Your Hospital's Logo Here

PHARMACY CLARIFICATION and/or CHANGE OF MEDICATION ORDER

AFTER EACH ORDER IS PROPERLY CHECKED, DETACH DUPLICATE AND FORWARD TO PHARMACY, WHETHER OR NOT ORDERS INVOLVE MEDICATION

| | | Check (√) Each Order As Transcribed | Check (√) Pharmacy Orders | Allergy | | | |
|-------------------|------------------------|--|---------------------------------|---|-------------------|------------------------|---------------------|
| | | | | PHYSICIAN'S | ORDER | DATE WRITTEN: | TIME WRITTEN: |
| | | | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | DICATION ORDER |
| | 7 | | PATIENT NAME: RM #: | | | | M #: |
| | Į. | | | | | | |
| | CA3 | | | | | | |
| | PATIENT IDENTIFICATION | | | | | | |
| | Z Z | | | | | | |
| | 9 | | | | | | |
| | Ä | | | | | | |
| | ATI | | | | | | |
| | <u>С</u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | TO DOCTOR | : | R | x: |
| | FAXED BY/TIME: | TIME NOTED | : | | ıre | | _,MD Date |
| Military Time > > | | | | Nurse's Signature / Title | | | Date |
| | | Check (√) | Check (√) | | | | |
| | | Each Order As | Pharmacy Orders | Allergy | | | |
| | | Transcribed | 0.00.0 | | | | |
| | | Transcribed | - Chaolo | PHYSICIAN'S | ORDER | DATE WRITTEN: | TIME WRITTEN: |
| | | Transcribed | | | | DATE WRITTEN: | |
| | Z | Transcribed | | | Y CLARIFICATION 8 | and / or CHANGE OF ME | |
| | ATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | -iCATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | TIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | DENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | JT IDENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | TIENT IDENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | PATIENT IDENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | PATIENT IDENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | PATIENT IDENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | PATIENT IDENTIFICATION | Transcribed | | PHARMAC | Y CLARIFICATION 8 | and / or CHANGE OF ME | L DICATION ORDER |
| | | | | PHARMAC | ME: | and / or CHANGE OF ME | DICATION ORDER M #: |
| | PATIENT IDENTIFICATION | | | PHARMAC PATIENT NA TO DOCTOR Doctor's Signatu | ME: | and / or CHANGE OF MEI | DICATION ORDER M #: |
| Military Time > > | FAXED BY/TIME: | | | PHARMAC PATIENT NA TO DOCTOR | ME: | and / or CHANGE OF MEI | DICATION ORDER M #: |

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD