REHABILITATION MEDICINE

PHYSICAL THERAPY ORDERS ☐

OCCUPATIONAL THERAPY ORDERS ☐

SPEECH THERAPY ORDERS ☐

PLEASE FAX TO

MD Date of Order	Hour of Order	Nurse's Signature	
			☐ NEW ☐ REORDER ☐ BEDSIDE ☐ DEPARTMENT ☐ WHEEL CHAIR ☐ STRETCHER ☐ IV ☐ O_2
			Dx:
			RX:
			SPECIAL NOTES OR PRECAUTIONS:
			STARTING DATE:
			M.D. SIGNATURE:

1610708 HBF Rev. 11/97

PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART

PHARMACY

UNIVERSITY MEDICAL CENTER

PHYSCIANS ORDERS AND TREATMENTS