



STAT/NOW

DATE	TIME	MEDICATIONS:	INDICATIONS:

GENERAL ORDERS:

_____ NURSE SIGNATURE Date: _____ Time: _____	Pharmacy Scan Time: _____	_____ Name Stamp Signature STAMP/PHYSICIAN SIGNATURE/BEEPER # ↓ <i>Required for countersignature on telephone/verbal orders</i> Date: _____ Time: _____
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Patient Label

PHYSICIAN ORDER SHEET