



Physicians Order

Patient Label

Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.			<input type="checkbox"/> Faxed to Pharmacy Date: ____ Init.: ____	Height _____ cm	Weight _____ kg
Date	Time	Assign Observation or Admit: _____			<u>DO NOT USE:</u> QD U µg MS MSO ₄ MgSO ₄ IU QOD <u>NO</u> trailing zeros <u>USE</u> leading zeros
Date	Time	<input type="checkbox"/> History and Physical Admit / Attending Physician			
Date	Time	<input type="checkbox"/> History and Physical House Officer			
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Please include your ID#/Dictation code or Associate # with signature.

