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Hospital's
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MEDICATION AUTOMATIC CONVERSION 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	ALLERGY	
			Diagnosis:	
		<input type="checkbox"/>	The P&T and Executive Committees have approved the following	
			automatic drug conversion:	
			The order for:	
			has been changed to:	
		<input type="checkbox"/>	Prohibited Abbreviation	
			The order for:	
			Please contact the Pharmacy Dept if further documentation is required.	
			PHARMACIST'S Name:	NURSE'S Name:
			Pharmacist's Signature _____ Date _____	
			Doctor's Signature _____,MD Date _____	
			Nurse's Signature / Title _____	

PATIENT IDENTIFICATION

Military Time >>

FAXED BY/TIME:

TIME NOTED:

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD