**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.

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### Patient Identification

<table>
<thead>
<tr>
<th>Check (✓) Each Order As Transcribed</th>
<th>Check (✓) Pharmacy Orders</th>
</tr>
</thead>
</table>

### Physicians Order

**Date:**

**Time:** (Military Time)

- Admit to Psychiatry Dr. _______________________________________
- History & Physical Consultation by _____________________________
- CBC, STS, CHPI, BUN, GLUCOSE, SMA 7
- Urinalysis Urine Drug Screen
- Routine Vital Signs
- Regular Diet as Tolerated
- Audit Dual Diagnosis Program
- Repeat Urine Drug Screen 72 Hours
- After Admission Screen Obtained

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**FAXED BY/TIME:**

**Time Noted:**

- Doctor's Signature _____________________________, MD Date __________
- Nurse's Signature / Title _________________________________________

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### Allergy

<table>
<thead>
<tr>
<th>Check (✓) Each Order As Transcribed</th>
<th>Check (✓) Pharmacy Orders</th>
</tr>
</thead>
</table>

### Physicians Order

**Date:**

**Time:** (Military Time)

- Benadryl 50mgm, IM for EPS x 1, then notify Physician
- Tylenol Tablets 2po Q4º prn x 6 doses for Simple Pain Daily
- Maalox 30 ml po Q4º prn Gastric Distress x 6 doses Daily
- MOM Cascara 30 ml po Daily prn Constipation x 1 Daily
- Pericolace Tabs tt po Daily prn Constipation x 1 Daily

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**FAXED BY/TIME:**

**Time Noted:**

- Doctor's Signature _____________________________, MD Date __________
- Nurse's Signature / Title _________________________________________