UNIVERSITY OF MEDICAL CENTER

DEPARTMENT OF PHARMACY SERVICES • *PHYSICIAN'S ORDER SHEET*

1. All medication orders, including treatments containing medications, room and/or service transfers, and discharge orders are to be written in the MEDICATION AND I.V. ORDERS section.
2. Drugs covered by the automatic stop order policy should be ordered for a specific number of doses.
3. All orders for antineoplastic agents must be written on the (Antineoplastic Order Form).
4. All I.V. nutritional therapy must be written on the appropriate (Parenteral Nutrition Order Form.)
5. All systemic antimicrobials should be ordered on the (Antimicrobial Order Form.)
6. Please provide all the required information.
7. Please indicate your physician I.D. Number.

A) "X-out" rest of the form.
B) Write date and time faxed, and initial. _____
C) Fax copy to Pharmacy.
D) Discard copy.

WEIGHT		HEIGHT	
ALLERGY			

IMPRINT ORDER SHEET WITH PATIENT'S ID PLATE BEFORE USING

MEDICATION AND I.V. FLUID ORDERS ***NOTE: USE THE ANTIMICROBIAL ORDER FORM FOR SYSTEMIC ANTIMICROBIALS.***

℞1 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY

DATE	TIME	M.D. SIGNATURE	M.D. ID NO.

℞2 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY

DATE	TIME	M.D. SIGNATURE	M.D. ID NO.

℞3 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY

DATE	TIME	M.D. SIGNATURE	M.D. ID NO.

℞4 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY

DATE	TIME	M.D. SIGNATURE	M.D. ID NO.

℞5 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY

DATE	TIME	M.D. SIGNATURE	M.D. ID NO.

℞6 ☐ ORDER NOTED ☐ VERBAL ORDER | FIRST DOSE TIME | D/C DATE | NURSE'S SIGNATURE

MEDICATION OR FLUID	DOSE OR AMT	ROUTE	FREQUENCY

DATE	TIME	M.D. SIGNATURE	M.D. ID NO.

NON-MEDICATION ORDERS

DATE	TIME	Doctor: Please SIGN and include Id # after each order	NURSE

FORM NO. 3421 (REV. 3/01)

USE ONLY IF NUMBER APPEARS HERE