

PHYSICIAN'S ORDERS

T 4 0 2 0

USE BALL POINT PEN PRESS FIRMLY

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Table with 3 columns: Date, Time, Complete top portion with each Level of Care change. Indicate order with a Check Mark. Includes checkboxes for Outpatient Procedure, Place in Outpatient Observations Services, and Admit as Inpatient.

Physician Signature: _____

Table with 3 columns: Date, Time, Additional Orders: (Dates/Times required). Section: POST THYROID BIOPSY ORDERS. Includes checkboxes for Vital Signs, Hob 30 degrees, Ice Pack, Up with assistance, Diet, May discharge, Call Radiologist, Patient to follow up.

Physician Signature: _____ Date: _____ Time: _____

Form section for Allergies & Sensitivities, NKA, Weight, Height, and Diagnosis.

Table with 4 columns: PROHIBITED ABBREVIATION, REQUIRED TERM, PROHIBITED ABBREVIATION, REQUIRED TERM. Lists various medical abbreviations and their correct usage.



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MR.ORDERS

SVPOD-205 (2/10)

PATIENT LABEL