PHYSICIAN'S ORDERS

UNLESS CERTIFIED, INTERCHANGEABLE DRUG PRODUCT(S) WILL BE DISPENSED.

Part 1 & Part 2 (Canary)

CANCEL ALL PREVIOUS ORDERS MEDICATION HOUR **ORDERS Form Specifications** Form #34109: Physician's Order, QS-1 **QTY/CS**: 1100 **SIZE**: 9-3/4 x 11 # of Parts: 3 **Description**: NCR, Zoned Carbon MEDS NOTED BY: PHYSICIANS SIGNATURE: DATE: DATE: **CHARTING FOR THROUGH** PHYSICIAN TELEPHONE NO. MED. RECORD NO. ALT. PHY. ALT. TELEPHONE REHABILITATIVE POTENTIAL ALLERGIES ADMISSION DATE DIAGNOSIS MEDICAID NUMBER MEDICARE NUMBER COMPLETE ENTRIES CHECKED BY: TITLE: PATIENT CODE | ROOM NO. | BED | FACILITY CODE DATE OF BIRTH **PATIENT**

Part 3 Front

MEDICATION ADMINISTRATION RECORD

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