



# PHYSICIAN ORDERS (Do Not Use if EPIC is available.)

**ONE ORDER OR ORDER SESSION PER PAGE**

**ALL PRN ORDERS REQUIRE INDICATION (Policy MS 12.0)**

Drug formulary equivalent may be dispensed unless checked.

Dose may be adjusted for renal function per pharmacy protocol unless checked.

ABBREVIATIONS	
<b>Do not Use</b> <del>Ø</del>	<b>USE</b>
<del>U or u</del>	Units
<del>U</del>	International units
Trailing zeros <del>(1.0)</del>	1
Without leading zero <del>0</del>	0.1
<del>MS</del>	Morphine
<del>MSO4</del> <del>MgSO4</del>	Magnesium sulfate
<del>QD</del>	Daily
<del>QOD</del>	Every other day

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

First Initial & Last Name & Title Required by WAC 246-873-010

Faxed to Pharmacy

Copied for Nurse

Noted By Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_


Patient Label or:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PHYSICIAN ORDERS**

**Physician Orders**  
MS74  
(Item: 2991)  
Approved: 4/25/2016

  
**OLYMPIC**  
 MEDICAL CENTER  
 939 Caroline St.  
 Port Angeles, WA 98362