

McLaren Flint  
**RADIOLOGY**  
**CATH FLO ORDERS**

**GIVE IN XRAY**

1. CATH FLO 2mg PER SYRINGE
2. ONE SYRINGE PER EACH LUMEN

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time(required)

**PHYSICIANS ORDERS AND  
INSTRUCTIONS TO NURSE**

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PT.

MR.#/P.M.

DR.