McLaren

BAY REGION

PHYSICIAN ORDERS

Authorization is granted to dispense therapeutic alternative as granted per formulary unless DAW is written next to medication.

ALLERGIES

DATE:		TIME:	
Conf #	Noted ✓	Each order must be dated, timed, and signed by authorizing physician	

ADDRESSOGRAPH

PRESS FIRMLY WITH BALL POINT PEN

DATE:		TIME:	
Conf #	Noted ✓	Each order must be dated, timed, and signed by authorizing physician	

ADDRESSOGRAPH

White Copy: Medical Records Yellow Copy: Pharmacy Pin Copy: Nursing