McLaren Flint
FLINT, MICHIGAN

PHYSICIAN'S ORDERS AND INSTRUCTIONS

THE SIGNATURE OF PHYSICIAN MUST ACCOMPANY EACH ORDER

DATE:	TIME:	DESCRIPTION- ORDER

☐ *TO* ☐ *VO* ☐ *TO/VO Read back and verified* *Physician Name:*			*Nurse Signature:*		*Date:*	*Time:*
			Physician Signature:	*ID:*	*Date:*	*Time:*
Clerk noted	*Date:*	*Time:*	*RN Noted:*		*Date:*	*Time:*

PHYSICIAN'S ORDERS AND INSTRUCTIONS

74 Revised 10/15/12

640B

PT.

MR.#/P.M.

DR.