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| ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. | | DO NO U | OT USE: M | S | PATIENT ID LABEL | |
| ✓ PRN | PRN medication orders must include an indication. | | | Μ | SO_4 | |
| ✓ Writ | ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. | | | M Tr | gSO₄ ailing zero | |
| ✓ Date, time, and sign verbal & telephone orders within 48 hours. | | | Q.O.D. Trailing zero Lack of leading zero | | | |

Physician's Order Form Blank

GMHA #0490 Stock # 990490 Approved Date: HIMC 5/2010 Form Revised 5/2010