Provider Orders

Patient:

Label

DOB:

Medication   *All previous orders of the same medication will be discontinued*

Order 1:	☐ STAT

Route:	Dose:	Frequency:

Diagnosis:

Additional Directions:

End Date:

For a controlled substance:	DEA:	Quantity:	Refills:

Order 2:	☐ STAT

Route:	Dose:	Frequency:

Diagnosis:

Additional Directions:

End Date:

For a controlled substance:	DEA:	Quantity:	Refills:

Order 3: May be used for special dose tapering (include dose, route and frequency)	☐ STAT

Diagnoses:	End Date:

For a controlled substance:	DEA:	Quantity:	Refills:

Lab   Imaging

Order:	☐ STAT	Order:	☐ STAT
Date:	☐ Next lab day	Date:	
Diagnosis:		Diagnosis:	

Other Order (Therapy, Diet, Wound Care, Code Status, etc.)

Order:	☐ STAT

Signature:	**Date:**	**Time:**

No new orders should be added once signed

Noted:	Date:	Time:
Noted:	Date:	Time:

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