WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS

DOCTORS ORDERS	CHECK OFF/ INITIALS

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart **Fax to Pharmacy**