


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

<b>DOCTORS ORDERS TRANSFER ORDERS FROM BHC TO WMRMC</b>	<b>CHECK OFF/ INITIALS</b>
Transfer patient to WMRMC by ambulance on 11/21/09 accompanied by: <input type="checkbox"/> No additional personnel required besides ALS Crew <input type="checkbox"/> RN - If RN accompanying patient, MD must complete Patient Transfer Record. <input type="checkbox"/> RT (for ventilator)	
MD to complete ACTIVE X Medication Reconciliation Form.	
<input type="checkbox"/> May convert IV to HL during ambulance transport Resume IVF per current order upon arrival to WMRMC	
Continue all current orders.	
Additional orders for patient transfers:	
Additional orders for WMRMC:	

<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>
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**Full page of orders requires only one physician, one nurse and one clerical signature**

Original to Patient's Chart  


Fax to Pharmacy