

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	µg
IU	MSO ₄	MgSO ₄	SQ	SL	

Stewart Feinberg

MR 381405

DOB 4/25/49

Patient Label

Date & Time

DX: Septic arthritis @ Shoulder

12/31/19

1302

- Give Ceftriaxone 2g daily until 1/27/20.
Draw weekly CBC, CMP, ESR, CRP.
PICC line maintenance per protocol.

T/D Dr. Sindes / Yasser Yablanov

RBS

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature: _____ Print Name: _____ Date/Time: _____

Nurse Signature: _____ Print Name: _____ Date/Time: _____

☐ T.O. RBVFax to Pharmacy ☐

Time Faxed: _____