

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

Jordyn Gonzalez

DOB 12-21-98

MRN 724031

Patient Label

DO NOT USE ABBREVIATIONS

U MS SC QOD QD H g
IU MSO₄ MgSO₄ SQ SL

Date & Time

DX: Hypertension
gravidarum

IV fluids weedy
1000 cc

Zofran 4mg

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature: [Signature] Print Name: Ann Marie Bensie Date/Time: 1-8-20

Nurse Signature: [Signature] Print Name: D. E. Evans Date/Time: 1-8-20

☐ T.O. RBV

Fax to Pharmacy ☐

Time Faxed: _____