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| Date: 1/9/20 | Time: 15:20 | From: |

FAX TRANSMISSION



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| ORANGE REGIONAL MEDICAL CENTER Physician Order Form | |
| DO NOT USE ABBREVIATIONS U MS SC QOD QD Hg IU MSO ₄ MgSO ₄ SQ SL | Date & Time |
| - Pt Discharged Discharge at home today 1/1/20 Give med H/VENI PO X 1 - follow 100% track shown 1/1/20 | |
| DX: | |
| Patient Label | |
| Murray, Lisa A Sex: F DOB: 8/27/1962 57 y.o. MRN: 640974 DOS: 1/09/20 Acct: 5001520125 CSN: 12614151 | |