

Dr. Angela Marcelino  
 Dr. Fauzia Paracha  
 Dr. Varun Modi

<b>ORANGE REGIONAL MEDICAL GROUP</b> <b>PHYSICIAN ORDER FORM</b> <b>DO NOT USE ABBREVIATIONS</b> U MS SC QOD QD HG IU MSO MISO SQ SL	NAME: <u>James, Wilson</u> DOB: <u>10/18/50</u> MRN: <u>973047</u>
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Date & Time	Diagnosis:
<u>12/17/19</u>	KCT 20 vortex @ 1019 sub 2.900 Dexamethasone 8mg I.V. on 12/17/19
	O-97. NS 500 ml I.V. bolus 12/18, 12/19 Zofran 4 mg I.V. on 12/24/19 Dexamethasone 4 mg I.V.
<u>Varun H. Modi</u>	
* Medications will be dispensed in accordance with the hospital formulary system *	

Prescriber Signature Nurse Signature	Print Name Print Name	Date /Time Date /Time
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