

ORANGE REGIONAL MEDICAL CENTER
Physician Order FormSurendra Patel
1-20-91

DO NOT USE ABBREVIATIONS

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

Patient Label

Date & Time

11/22/19
1300

DX: Psoriatic Arthritis

TO: Dr. Fradlis / Amorella

Draw the following at pt's next visit:

CBC

BMP

LFTs

ESR

CRP

1300 (B30)

Amorella

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: _____

ORANGE REGIONAL MEDICAL CENTER
Physician Order FormJanine Ribey
7-14-64

DO NOT USE ABBREVIATIONS

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

Patient Label

Date & Time

11/22/19
1300

DX: Vasculitis

T.O. Dr. Fradette / Amorella

Draw the following at pt's next visit:

CBC

Bmp

LFTs

ESR

CRP

ANCA screen w/ mpo/pr 3, w/ reflex
(LAB 458)

RA 1300

Amorella

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: _____