

ORANGE REGIONAL MEDICAL CENTER

Physician Order Form

DO NOT USE ABBREVIATIONS

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

William Schultz
MR 1075806
DOB 11/1/1932
Patient Label

Date & Time

1/7/20

T.O. Dr. Vennatter / Amorella

1515

Administer Ceftriaxone 2g IV daily
c last infusion on 1/10/20.
No labs needed

(P.O.) 1516 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: _____