

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

Jessica Giza
DOB 7/18/98

DO NOT USE ABBREVIATIONS

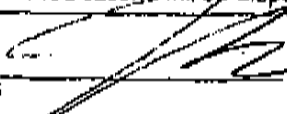
U MS SC QOD QD μ g
IU MSO₄ MgSO₄ SQ SL

Patient Label

Date & Time

11/4/19 Granix 480mcg x2, today and tomorrow

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature:  Print Name: Ron Harel Date/Time: 11/4/19

Nurse Signature: _____ Print Name: _____ Date/Time: _____

☐ T.O. RBV

Fax to Pharmacy ☐

Time Faxed: _____