

ORANGE REGIONAL MEDICAL CENTER
Physician Order FormAshley Ford
MRN 93682

DO NOT USE ABBREVIATIONS

U MS SC QOD QD µg
IU MSO₄ MgSO₄ SQ SL

Patient Label

Date & Time

DX: JRA

1/10/20 T.O. Dr. Fadler / Amorella

1415 Draw the following at pt's next appt:

CBC

BMP

LFTS

ESR

CRP

vitamin D

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: _____