

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

DO NOT USE ABBREVIATIONS
U MS SC QOD QD µg
IU MSO₄ MgSO₄ SQ SL

Fisher, David
5/3/55
MMA 104002
Patient Stamp (or Name and Date of Birth)


NEW ORDERS
Change of Order Authorization/Clarification of Medication Order
Pharmacy Department

The original medication order for:
Candophorn Suc 704mg in DSW 500 1x over 60m

Prescribed by MD/L.P.: Mancino

Has been discontinued and changed to/clarified as:
Candophorn Suc 5 646mg in DSW 500 1x over 60m

By MD/L.P. Mancino

 David Wagner RPh. TO RBV Date/Time: 11/11/19 1055

(Signature/Print Name)

The following circumstances prevented the Pharmacy Department from filling the patient's medication order as written:

☒ Dose Adjustment/Pharmacy recommendation
☐ Medication order was illegible
☐ Medication order was incomplete
☐ The medication is non-formulary
☐ The patient's profile indicates an allergy/cross sensitivity/contraindication to:

Change in SR to 0.92g/l
from previous 0.85g -
Calculated Dose Based on
Cib Active BW = 64.6kg
See Attached


☐ The patient's profile indicates a drug interaction

☐ The patient's profile indicates therapeutic duplication

☐ The prescribed drug is unavailable due to drug shortage

☐ Clinical Initiative

☐ Other:

Print Last Name: Mancino
Prescriber Signature: 
Date/Time: 11/11/19

Print Last Name: _____
RN Signature: _____ Date/Time: _____
☐ Faxed Time Faxed: _____