

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	Hg
IU	MSO ₄	MgSO ₄	SO ₄	SL	

Date & Time

Alfred Nicolini
mr. 009399
DOB 6/8/51

DX: malignant neoplasm of lung

Week 1 - 100%
Week 2 - 100%
Week 3 - 100%
Week 4 - 100%

11/01/19

Prescriber Signature: *[Signature]* Print Name: *[Name]* Date/Time: 11/1/19

Nurse Signature: *[Signature]* Print Name: *[Name]* Date/Time: 11/1/19

☐ T.O. RBV

Fax to Pharmacy ☐ Time Faxed: _____

Medications will be dispensed in accordance with the hospital formulary system