

## **Simulation Hospital**

MAR

<b>Patient Name:</b> Sorrells, Marco <b>DOB:</b> 06/08/20XX		<b>Diagnosis:</b> Fever, Cough
<input type="checkbox"/> <b>Allergies &amp; Sensitivities:</b> <input checked="" type="checkbox"/> <b>NKA</b>		
<b>Date</b>	<b>Time</b>	<b>Complete top portion with each level of care change. Indicate order with a check mark.</b>
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for:
		<input type="checkbox"/> Admit as Inpatient
<b>Date</b>	<b>Time</b>	<b>PHYSICIAN ORDER AND SIGNATURE</b>
<b>Now</b>		IV 0.9% NS @ 100ml/hour
		Dr. Jim Town
		Noted By _____
<b>PHYSICIAN SIGNATURE</b>		<i>Dr. Jim Town</i>