

**GENERAL ORDERS**  
**MSCIS DOWNTIME REQUISITION SHEET**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

UNIT NO:  
SEX/DOBPHYSICIAN/  
SERVICE

## ADDRESSOGRAPH

**PATIENT DIAGNOSIS/**

**CLINICAL HISTORY:**

**PRECAUTIONS:**

## ALLERGIES

ORDER SET NAME:

**ORDERS/REQUISITIONS:**

**PRESCRIBER'S SIGNATURE:**

**PRESCRIBER'S NAME (PRINT):**

**DICTATION CODE:**

BEEPER NO. 1

DATE \_\_\_\_\_

**五、结论**

**NURBE'S SIGNATURE:**

**NURSE'S NAME (PRINT):**

RECOVERY: ORDERS ENTERED BY:

RESULTS ENTERED BY:

STATUSED BY: