IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY



ORDERS

Date: _____ Time: ____

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

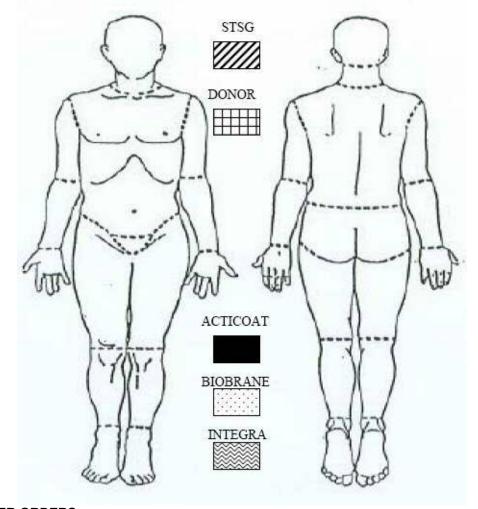
BTHA - BURN INJURED PATIENT POST-SKIN GRAFT ORDERS

(items with check boxes must be selected to be ordered)

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Time Processed RN/LPN Initials Comments

BURN SITES AND WOUND CARE:



OTHER ORDERS:

Prescriber's Signature BTHAPSGO

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