



- MORE THAN ONE SECTION MAY BE USED FOR A LONG ORDER
- USE BALL POINT PEN. PRESS FIRMLY

DO NOT USE	USE	DO NOT USE	USE	DO NOT USE	USE
U, IU, u OD, QD or qd QOD or qod drug name abbreviations	unit daily every other day write generic drug name	D/C cc µg @ 	discharge or discontinue mL mcg at	> or < trailing zero (.0 mg) lack of leading zero (.x mg) OS, OD, OU	greater than or less than never use zeros after decimal always use zeros before decimal left eye, right eye, both eyes

NON-MEDICATION ORDERS

R

P

Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.

MEDICATION ORDERS

P

PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:

DATE (YYYY/MM/DD):

TIME:

PROCESSOR'S INITIALS:

DATE (YYYY/MM/DD):

TIME:

NURSE INITIALS:

DATE (YYYY/MM/DD):

TIME:

Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.

PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:

DATE (YYYY/MM/DD):

TIME:

PROCESSOR'S INITIALS:

DATE (YYYY/MM/DD):

TIME:

NURSE INITIALS:

DATE (YYYY/MM/DD):

TIME:

Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.

PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:

DATE (YYYY/MM/DD):

TIME:

PROCESSOR'S INITIALS:

DATE (YYYY/MM/DD):

TIME:

NURSE INITIALS:

DATE (YYYY/MM/DD):

TIME:

Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.