PHYSICIAN'S TELEPHONE ORDERS

Facility Name					Address				
Family Name	First Name		Admission Number Room Number Attending Phy			Attending Physician			
	Date Discontinued				ORDERS				
Ordered	Discontinuod								
Signature of Nur Receiving Order									
Signature of Nur Receiving Order	se			Time	Signature of Physician		Date		
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Facility Name			del		Address		/)		
Family Name Date	F	First Name	Admissi	on Number	Room Number	Attending Physician			
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Facility Name					Address				
Family Name	F	First Name	Admissi	on Number	Room Number	Attending Physician			
	Date Date			ORDERS					
Ordered	Discontinued								
Signature of Nur Receiving Order									
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