Initial Status:				Initial Bed Type:						
☐ Place in Observation ☐ Admit to Inpatient			□Non-monitored bed □Telemetry □ICU							
Principal Diagno	osis:									
Allergies:										
Height (cm)	Weight									
	policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.									
		dispensed	l in accord	dance with the Me	edical Staff			Т	T	
DO NOT USE	U	IU	QD	QOD	Trailing	Lack of Leading Zero	MS	MSO4	MgSO4	
					Zero	Ü				
DATE & TIME	PHYSICIANS ORDERS									
	Outpatient Surgery Zhinian Wan, MD Enclose H&P dictation #									
	Along with chart									
	1. Vitals Routine, NV checks to Right Left lower extremity									
	2. NPO									
	3. Void prior to surgery									
	4. Consent for:									
	5. Ancef 1 gram IV on call to OR									
	Cleocin 600 mg IV on call to OR									
	6. Start IV NS at TKO									
	-									
			·							
	<u> </u>									
						_			_	
Physician's Signature Da			Date	/ Time		I				
Physician's ID (Dictation) Number Page			Page	er#						
i										

Physicians Orders