

OUTPATIENT SERVICES PHYSICIAN ORDERS

Patient Name:		Date:
Date of Birth:		Time:
Patient Phone Number:		
Physician Signature:	Physician NPI:	RN Signature:

*Physicians: all orders apply unless crossed out. Please indicate choice when applicable.
Fax completed orders to Outpatient Services (708-229-6618). Please include patient's phone number so we may call and schedule the patient. Please remember to date and time your order.*

Allergies: _____ **Height:** _____ **Weight:** _____

Diagnosis: _____

Labs:

- CBC with diff other: _____
 BUN / Serum Creatinine _____

Medications: *(include drug name, dose, route, frequency, and duration)*

Other Orders:

Nursing / Monitoring:

1. Vital signs: baseline and _____
2. If patient stable following completion of medication administration, may be discharged.
3. Additional monitoring instructions: _____

