PHYSICIAN'S ORDERS

	PHYSICIAN'S ORDERS		ERS
		PATIENT NAME:	
		CR#:	
SECTION 4: CARE, TREATMENT & SERVICES		DATE:	
LLERGIE	S:		
Date & Time	Another brand of drug identical in form and content ma	ay be dispensed unless checked ف	RN Initials
	T. Control of the con		l l

PLEASE USE BALL POINT PEN ONLY