

DO NOT USE ABBREVIATIONS: U IU QD QOD MS MSO4 MgSO4 µg TRAILING ZERO (X.0mg) LACK OF LEADING ZERO (.X mg) Date/Time The Hospital has instituted a therapeutic drug interchange policy with Medical Executive approval. If therapeutic interchange is not acceptable, indicate "no substitutions" next to order **ALLERGIES: DIAGNOSIS:** Pł

hysician Signature Date/Time										
					Account Number:			MR Number:		
					Patient Name: Admit Date:					
ORMC Odessa Regional Medical Center	520 East 6th Street Odessa, Texas 79761 (432) 582-8000	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
		Allergies:								
		Attending Physician Name:								
SICIAN ORDE	2			ОСВРОС	PRDERBLANK.I	OCL FORM	1000 Rev. 09	-30-2013 LV	N	Crt