

PHYSICIAN'S ORDERS



CULLMAN  
REGIONAL

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Dr. Braswell Standing Orders – One Day Surgery

- KUB on admit for lithotripsies.

MD Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4