

PHYSICIAN'S ORDERS



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

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

Dr. Bostick Standing Orders

- No standing orders **EXCEPT - DO NOT CALL ME ROOM NUMBER ON ADMISSIONS**

MD Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 Mg