

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. ☐

Pre-Op Endoscopy Services Order Set

- Pregnancy Test – Serum/Urine HCG for all women of childbearing age (menses to 55) within two days of procedure. (EXCEPTION: history of tubal ligation, or hysterectomy.)

MD Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4