



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

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

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

### Outpatient Procedure Order Set

Admit to Outpatient ☐ Medical Day

1. Admit to Dr.

2. Diagnosis:

3. Procedure:

3. IV: ☐ Saline Lock

4. Lab:

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5. Pre-Procedure Medication:

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6. Diet:

7. Other:

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8. Discharge:

Vital signs stable  
Alert and oriented  
Nausea, vomiting, dizziness minimal  
Absence of respiratory distress  
Patient given discharge instructions  
Discharge signed  
Responsible adult present to take patient home

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

Revised: 07/10/14

Page 1 of 1

**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**