PHARMACY ORDERS MUST CONTAIN	IV ACCESS
DATE – TIME – NAME OF MEDICATION– DOSE – ROUTE FREQUENCY- DURATION – MD SIGNATURE – PAGER NUMBER- PERMISSION IS GIVEN TO DISPENSE THE GENERIC / THERAPEUTIC EQUIVALENT. REVIEW INPATIENT MEDICATION ORDERS EACH THURSDAY BY 10:00 A.M.	[ ] Peripheral [ ] Port A Cath Single [ ] Hickman I Lumen [ ] Port A Cath Double [ ] Hickman II Lumen [ ] Groshong Single [ ] Hickman III Lumen [ ] Gorshong Double [ ] CVP [ ] Other

ALLERGIES:	DIAGNOSIS:	HT:	WT:	BSA:
DATE/TIME				

LOCATION:	EPISODE #:

All original UMSylvester medical records are the property of UMSylvester and maintained by the Health Care Provider's Record Custodian. Copies of this form must be destroyed upon the completion of its temporary use. To receive a copy of your health information please contact your Health Care Provider's Record Custodian or the UMSylvester HIM Release of Information department at (305) 243-5272.

SYLVESTER COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HOSPITAL & CLINICS
Miami, FL 33136 www.med.miami.edu (305)243-1000

OUTPATIENT PHYSICIAN'S ORDER SHEET

Form A1400014

Revised 3/09/05

NAME: _____

_____ ☐ UMMG # ☐ MRN

AGE: _____ DOB: ____ / ____ / ____

DATE OF SERVICE: _____

WHITE – CHART WHITE – PHARMACY PINK – PATIENT GOLD – BILLING GREEN - PHYSICIAN