

Practitioner's Orders

- Two Orders per page, each with date and time
- Stroke out all blanks above your signature.

Allergies: _____

Prohibited Abbreviation	Correct Term	Prohibited Abbreviation	Correct Term	Prohibited Abbreviation	Correct Term
U, IU, u or iu	UNIT	D/C	discharge or discontinue	> or <	greater than or less than
QD or qd	DAILY	cc	mL	trailing zero (x.0mg)	never use zeros AFTER decimal
QOD or qod	every other day	µg	mcg	lack of leading zero (0.x mg)	always use zeros BEFORE decimal
drug name abbreviations	write generic drug names	@	at	OS, OD, OU	left eye, right eye, both eyes

Orders Processed	Date (dd/mm/yyyy):	Time (hh/mm):	M	K	O
Date (dd/mm/yyyy)					
Time: (hhmm)					
By:					
Status:					
Processing Reviewed by:					
Status:					
Faxed by:	Telephone Order taken by: _____				
	Physician Name: _____ Physician Signature: _____				
Orders Processed	Date (dd/mm/yyyy):	Time (hh/mm):	M	K	O
Date (dd/mm/yyyy)					
Time: (hhmm)					
By:					
Status:					
Processing Reviewed by:					
Status:					
Faxed by:	Telephone Order taken by: _____				
	Physician Name: _____ Physician Signature: _____				

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Chart Copy-Do Not Destroy