LITTLE COMPANY OF MARY
HOSPITAL AND HEALTH CARE CENTERS

OUTPATIENT SERVICES PHYSICIAN ORDERS

Patient Name:		Date:
Date of Birth:		Time:
Patient Phone Number:		
Physician Signature:	Physician NPI:	RN Signature:

Physicians: all orders apply unless crossed out. Please indicate choice when applicable.
Fax completed orders to Outpatient Services (708) 229-6618). Please include patient's phone number so we may call and schedule the patient. Please remember to date and time your order.

Allergies: _____   **Height:** _____   **Weight:** _____

Diagnosis: _____

Labs:
❑ CBC with diff   ❑ other: _____
❑ BUN / Serum Creatinine   _____

Medications: *(include drug name, dose, route, frequency, and duration)*

_____

_____

Other Orders:

_____

_____

Nursing / Monitoring:

1.   Vital signs: baseline and _____

2.   If patient stable following completion of medication administration, may be discharged.

3.   Additional monitoring instructions: _____

PO