



Physician's Telephone and Verbal Orders

(THIS IS A SAMPLE)

Phone Order Other

Mail to: _____
Doctors Name and Address

Re: _____
Client's Name and DOB

_____ *MAY WRITE DOCTOR'S PHON/FAX
NUMBER IF ADDRESS NOT AVAILABLE*

Client _____
Client's Home Address

Address _____

The following are orders that we have received for your client. Please sign, date and return them in the self-addressed envelope or FAX to 301-576-3631 within 48 hours.

Thank you!

MEDICATION: Include Name of medication, Dose, Frequency, Route, Concentration, special considerations and Indication for use. If dilution required, state diluents and amount.

Date: <i>6/10/2008</i>
<i>TOPAMAX 25MG TAB; GIVE 4 TABS (100MG) VIA G-TUBE QD</i>
<i>VO: DR. ABNEY/SHANNON HARLEY RN 6/10/08</i>
Client/Parent and/or Guardian has been informed of the enclosed Doctor's Orders <u>6/10/08</u> Date

Physician's Signature

Date

DOCUMENTATION NOTICE

NURSES MUST FILL OUT A PHYSICIAN INTERIM ORDER FORM FOR:

- 1) NEW PHYSICIAN ORDERS
- 2) START OF NEW MEDICATION
- 3) DOSAGE CHANGE
- 4) TIME CHANGE
- 5) ROUTE CHANGE

**THE ORDER MUST BE TURNED IN TO THE OFFICE WITHIN 48 HOURS TO
OBTAIN DOCTOR'S SIGNATURE**

DIRECTOR OF NURSING
Chesapeake Home Health Care