



Height _____ cm Weight _____ kg

Allergies _____

Practitioner's Orders

M K O

Orders
Processed
Date
(dd/mm/yyyy)

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.0 mg)	never use zeros AFTER decimal
QOD or qod	every other day	µg	mcg	lack of leading zero (.x mg)	always use zeros BEFORE decimal
drug name abbreviations	write generic drug names	@	at	OS, OD, OU	left eye, right eye, both eyes

Time (hhmm)

By

Status

Processing
Reviewed by

Status

Faxed by

Telephone Order _____
Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
Ordering Physician Date (dd/mm/yyyy) Time (hhmm)

Rev. 07/2015/V5 (018952)



Chart Copy – Do Not Destroy