

SAMPLE COMPLETED PHYSICIAN'S TELEPHONE ORDER FORM

Facility Name: <u>WeCare Nursing</u>				PHYSICIAN	
TELEPHONE ORDERS					
Facility Address: <u>123 Oak Street, Anytown, USA</u>					
Patient Name: <u>Edna Long</u>		Room No. <u>1</u>		Physician <u>Watson</u>	
Order Date	Prob	Code	Physician Orders	Sig.	Init.
<i>1/20/00</i>			<i>D/C Furosemide 20mg</i>		
			<i>Furosemide 40mg 1 po every AM</i>		
Nurse Signature Date 1/20/00			Physician's Signature Date 1/23/00		
<i>B. Wilson, C.M.T.</i>			<i>Mark Watson, MD</i>		
Physician please sign and return within 7 days					