Physician's Orders

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician

Date	Time				
		□ Admit to Inpatient Status (I certify that inpatient services are needed)			
		□ Place Patient in Outpatient	Status		
		□ Place Patient in Outpatient Status and begin Observation Services			
Do Not Use Abbreviations: U (for unit), IU (for international unit), Q.D., Q.O.D., Trailing zero (X.0 mg), MS, MSO ₄ , MgSO ₄					
I certify by my signature that the ordered level of care is based on medical necessity as documented within this medical					
record (42CFR Section 456.60 Certification/recertification).					
	.				D (T
Physician Signature:					Date: Time:
Print Name	e: Sensitivities		Weight	Height	Diagnosis
Allergies &	Sensiuvilles				ויישושטושטוש
JFK North Hospital 2201 - 45th Street West Palm Beach, FL 33407					
PHYSICIAN ORDERS				Patient Identification/Label	
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