## Physician's Orders

Date	Time	is hereby given to dispense the	genene equivale	THE GITTE GOTTON	ide maleated by the physician
		☐ 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 <sub>4</sub> , MgSO <sub>4</sub>					
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).					
Physician Signature:					Date: Time:
Print Name:					
	Sensitivities	□ NKA	Weight	Height	Diagnosis



**5301 South Congress Avenue, Atlantis, FL** PHYSICIAN ORDERS



\*POS\* HCAFL-H-JFK-10008 Rev. 09/2016

Page 1 of 1

Patient Identification/Label