STAT
(Place X in box if STAT)

Generic substitution and/or substitution of an equivalent therapeutic agent as defined by the Pharmacy and Therapeutics Committee of the Medical Staff will occur unless the physician indicates "Medically Necessary" or "Do Not Substitute" on the order for the specific drug.

DATE	TIME	PHYSICIAN – PLEASE PRINT YOUR NAME	SCANNED ✓	WORKFLOW COMPLETE ✓

Physician Signature: _____

FIRST INITIAL ☐ PRINTED NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SARASOTA MEMORIAL HOSPITAL

023016 11/06

PHYSICIAN'S ORDERS

DON'T FORGET TO LABEL ALL COPIES. IF NO LABEL, MUST INDICATE PATIENT NAME, DATE OF BIRTH AND DOCTOR

PATIENT NAME

DATE OF BIRTH

DOCTOR:

PLACE PATIENT ID LABEL HERE