Adventist Health Tillamook

Physician Order
Outpatient Therapy Services

DRUG ALLERGIES

GENERIC SUBSTITUTE UNLESS CHECKED ☐

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.
Exceptions: Orders preceded by a box (☐) require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

***Patient name:** _____ ***DOB:** _____

_____
*Date

***Diagnosis:** _____

Allergies: _____

_____
*Time

Outpatient admit: ☐ Series ☐ One time

Code status: ☐ Full code ☐ DNR ☐ Medications only
☐ Other (specify) _____

Vital signs: ☐ Per protocol ☐ Other (specify)

Lab draws: ☐ CBC ☐ CMP ☐ Hgb & Hct ☐ PT ☐ ESR ☐ Albumin
☐ Other (specify) _____

Vascular access: ☐ Port ☐ PICC ☐ CVC ☐ Start SL

Frequency of lab test(s): ☐ One-time order ☐ Weekly ☐ Twice monthly ☐ Monthly
☐ Other (specify) _____

☐ **Please have patient evaluated by wound care RN**

Additional orders: _____

_____

_____

Frequency: ☐ One-time order ☐ Bi-weekly ☐ Weekly ☐ Monthly
☐ Other (specify) _____

***Healthcare provider's signature:** _____

***Denotes field that must be completed by healthcare worker**

FAX to 503-815-7515

Physician Order Form

{ Patient label }

Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

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070-00601 03/22