

PHYSICIAN'S TELEPHONE ORDERS

Form 989/4TP BRIGGS, Des Moines, Iowa 50306

PHYSICIAN'S TELEPHONE ORDERS

Facility Name			Address		
Family Name		First Name	Admission Number	Room Number	Attending Physician
Date Ordered	Date Discontinued	ORDERS			
Signature of Nurse Receiving Order			Time	Signature of Physician	Date
ORIGINAL COPY - Physician Please Sign and Return within 48 hours.					

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