PHYSICIAN ORDERS

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

Weight	Height	Diagnosis

Allergies & Sensitivities ☐ NKA

ALL ORDERS MUST BE TIMED AND DATED

Abbreviations	
USE	**DO NOT USE**
Units	**U or u**
International Units	**IU**
15 mg (Never use a trailing zero)	15.0 mg
0.2 mg (Always use a leading zero)	.2 mg
Daily	QD
Every Other Day	QOD
Morphine	MS or MS04
Magnesium Sulfate	MgS0
Mcg or Microgram	UG

Date_____ Time_____

Physician Signature:

Addressograph/Patient Label

AcuityHospital of Houston

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