Adventist Health Tillamook

Physician Order
IM/SQ Injection

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 and ICD-10 code:**_____

Allergies:_____

*Time

Medication: ☐ Testosterone ☐ B-12 ☐ Antibiotics _____
☐ Leuprolide ☐ Other _____

Dose:_____ Site ☐ IM ☐ SQ

Frequency: _____

Labs: ☐ CBC ☐ CMP ☐ B12 Testosterone, draw prior to 10 a.m. ☐ Free ☐ Total ☐ Other

Frequency of labs: ☐ One time ☐ Weekly ☐ Twice monthly ☐ Monthly
☐ Other (specify) _____

*Physician signature | *Date | *Time

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

FAX order form to 503-815-7515

{ Patient label }

* 2 3 7 *
Physician Order

Physician Order: IM/SQ Injection
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

070-00592 04/24