Adventist Health
Tillamook

Physician Order
Outpatient Therapy Services

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.

______ *Date

______ *Time

***Patient name:** ______ ***DOB:** ______

***Diagnosis:** ______

Allergies: ______

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 and 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 order(s): ______

______

______

Frequency of additional order(s): ☐ One-time order ☐ 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

Physician Order

Physician Order: Outpatient Therapy Services
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }

070-00603 04/24