Place in observation		OR	Inpatient hospital services are needed	
Physician's signature	Date		Physician's signature	Date

Date/Time	Verbal/Standing orders must be signed by physician within 48 hrs. Nurses must sign off all orders after verification with date/time.

AUTHORIZATION IS GIVEN TO DISPENSE A GENERIC / THERAPEUTIC EQUIVALENT UNLESS "MEDICALLY NECESSARY" IS WRITTEN BY THE DRUG NAME

ALLERGIES _____ Physician Signature _____

BAYMEDICAL

615 N Bonita Av
Panama City FL 32401

Physician Orders