Verbal Medicines Order (for recording verbal orders)

This form is for taking verbal orders. To stop medicines cross them off on the Printed Chart. This is not a prescription.

Facility name	Facility address									
Prescriber	Resident (use label	if available	e)							
Prescriber name	Family Name									
Prescriber address	Given name									
	Date of Birth		/	/						
Prescriber reg. no.	Room no. & NHI	Room:			NHI:					

Allergies

Date:	/	/	Regula	nr 🗌	Sł	nort Co	ourse		P	PRN [] F	Route:							on:					
	Medicine name and form:																				Stre	ngth	Stren	gth units	5
																					٠				
/e	Maximum dose in 24 hrs:										Т	ime:		Br'kfast		Lu		nch		Dinner		Bed			
rk	Special instructions:											C	ose:												
erba												Pr	Prescriber signature:					Sto	Stop date Prese				scriber signature		
	Verbal order sign (RN):										Ve	Verbal order sign (witness):													

Date:	/	/	Regular] Sho	rt Cou	urse [PRI	N [Ro	oute:			Indication:						
	Medicine name and form:																	Strei	ngth	Stren	gth units	;
																			٠			
/e	Maximum dose in 24 hrs:												Time:		Br'kfast		Lui	nch		Dinner		Bed
rb	Special instructions:												Dose:									
)a													Prescrib	er signatı	ure:	Stop date P				Prescriber signature		
	Verbal order sign (RN):												Verbal order sign (witness):									

Do not write in this space

The Order for these medications is to be signed by the prescriber within time frame as determined by site policy