UMC HEALTH SYSTEM

ORDER

PLEASE ATTACH PATIENT LABEL OR PROVIDE:

NAME _____

MRN _____ FIN _____

PHYSICIAN / PROVIDER ORDER

ORDER	TRANSCRIBED

❑ TO ❑ Read Back ❑ SCANNED POWERCHART ❑ SCANNED PHARMSCAN

Order Taken By Signature: _____ Date/Time: _____

Physician Signature: _____ Date/Time: _____

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