UMC Health System		Patient Label Here	
OB/GYN ANTEPARTUM PLAN			
		N ORDERS	
Diagnos			
Weight			
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER			
	Patient Care		
	Vital Signs Per Unit Standards		
	Patient Activity Up Ad Lib/Activity as Tolerated Bedrest Up to Bedside Commode Only	☐ Bedrest STRICT ☐ Bedrest Bathroom Privileges	
	Instruct Patient Instruct Patient On: Activity limitations/expectations, with importance of 2 hours.	of lateral position and to change position at least every	
	Daily Weight		
	Strict Intake and Output		
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag		
	Insert Peripheral Line		
	POC Urinalysis Automated w/o Microscopy	One time	
	Monitoring		
	Fetal Monitoring Continuous Fetal Monitor NST qShift. NST Daily	 Continuous External Uterine Assessment by Toco only. NST q4h. 	
	Obtain Fetal Heart Tones via Doppler	Daily	
	Communication		
	For patients WITH hypertensive disorders		
	Notify Provider of VS Parameters ☐ Temp Greater Than 100.4, RR Greater Than 20, RR Less Than 12, S Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less		
	For patients WITHOUT hypertensive disorders		
	Notify Provider of VS Parameters ☐ Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 95, SBP Greater Than 140, SBP Less Than 90, DBF Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60		
	Notify Provider of VS Parameters Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, S Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less		
Пто	Read Back	Scanned Powerchart Scanned PharmScan	
Order Take	en by Signature:	Date Time	
Physician	Signature:	Date Time	

UMC Health System		Patient Label Here
0	B/GYN ANTEPARTUM PLAN	
	PHYSICI. Place an "X" in the Orders column to designate orders of choice A	AN ORDERS
ORDER	ORDER DETAILS	ND all x in the specific order detail box(es) where applicable.
ORDER	Notify Provider (Misc)	
	Reason: Urine output less than 30 mL per hour.	Reason: Urine output less than 120 mL in 4 hours.
	Notify Nurse (DO NOT USE FOR MEDS) Please call/page private physician or chief resident to review NST pr	ior to taking patient off monitor.
	Dietary	
	NPO Diet □ NPO □ NPO, Except Ice Chips	 □ NPO, Except Meds □ NPO, Except Meds, Except Ice Chips
	Oral Diet	
	Clear Liquid Diet Regular Diet	☐ Full Liquid Diet ☐ Carbohydrate Controlled (1600 calories) Diet
	Carbohydrate Controlled (2000 calories) Diet	• • •
	IV Solutions	
	□ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr
	NS	
	□ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr
	1/2 NS □ IV, 75 mL/hr □ IV, 125 mL/hr	☐ IV, 100 mL/hr ☐ IV, 150 mL/hr
	D5 1/2 NS □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr
	D5LR □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr
	Medications	
	Medication sentences are per dose. You will need to calculate a to	otal daily dose if needed.
	betamethasone (betamethasone 6 mg/mL injectable suspension) ☐ 12 mg, IM, inj, q24h, x 2 dose	
	Vitamins	
	multivitamin, prenatal (Prenatal Multivitamins) 1 tab, PO, tab, Daily Administer with food.	
	folic acid ☐ 1 mg, PO, tab, Daily	
	ferrous sulfate ☐ 325 mg, PO, tab, Daily, [65 mg elemental Fe per tab]. Administer with food.	
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan
Order Take	en by Signature:	Date Time
Physician Signature:		Date Time

Version: 8 Effective on: 03/06/23

UMC Health System		Pati	ent Label Here
OB/GYN ANTEPARTUM PLAN			
	BHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		detail hov(oc) where applicable
ORDER	ORDER DETAILS	an x in the specific order	detail box(es) where applicable.
	thiamine 100 mg, IVPB, ivpb, q24h, x 2 dose, Infuse over 30 min		
	pyridoxine □ 25 mg, PO, tab, Daily		
	calcium carbonate ☐ 1,250 mg, PO, tab, BID, [500 mg elemental Ca.=1250 mg Ca carbona Administer with meals	te].	
	Immunizations		
	Tdap adult vaccine (Adacel Tdap, IM) □ 0.5 mL, IM, inj, ONE TIME IM only. Booster only, indicated for ages 11- 64 years.		
	pneumococcal 23-polyvalent vaccine (pneumococcal 23-polyvalent v	accine injectable solution)	
	Antiemetics		
	 metoclopramide 10 mg, PO, tab, TID, PRN nausea/vomiting Administer 30 minutes before meals. 10 mg, PO, tab, TID Administer 30 minutes before meals. 10 mg, IVPush, inj, TID, PRN nausea/vomiting Administer 30 minutes before meals. 10 mg, IVPush, inj, TID Administer 30 minutes before meals. 		
	Antibiotics		
	Select ALL FOUR antibiotic orders below for Premature Rupture of Membranes ampicillin 2 g, IVPB, ivpb, q6h, x 8 dose, Infuse over 30 min, Prophylaxis		
	ampicillin 500 mg, PO, cap, QID, x 5 days, Prophylaxis Start after IV ampicillin doses are completed.		
	azithromycin 500 mg, IVPB, ivpb, q24h, x 2 dose, Infuse over 1 hr, Prophylaxis		
	azithromycin ☐ 500 mg, PO, tab, Daily, x 5 days, Prophylaxis Administer with food. Start after IV azithromycin doses are completed.		
	Laboratory		
	BB Transfuse Rh Immune Globulin		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician Signature:		Date	Time

OB/GYN ANTEPARTUM PLAN PH/SICIAN ORDERS Place an "X" In the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. ORDER ORDER TALLS CROWER Obtains. TAN CBC with Differential Routine. T.N Camperbonsive Metabolic Panel Routine. T.N Camperbonsive Metabolic Panel Routine. T.N Camperbonsive Mitabolic Panel Next Day in AM. T+1:0300, Every AM for 3 days Protocombin Time with INR Next Day in AM. T+1:0300 PT Fourine. T.N Next Day in AM. T+1:0300 STAT Next Day in AM. T+1:0300 PT Fourine. T.N Next Day in AM. T+1:0300 PT Fourine. T.N Next Day in AM. T+1:0300 STAT Next Day in AM. T+1:0300 PT Fourine. T.N Next Day in AM. T+1:0300 BTAT Next Day in AM. T+1:0300 STAT Next Day in AM. T+1:0300 PT Fourine. T.N Next Day in AM. T+1:0300 BTAT Next Day in AM. T+1:0300 BTAT <th colspan="2" rowspan="2">UMC Health System OB/GYN ANTEPARTUM PLAN</th> <th colspan="2">Patient Label Here</th>	UMC Health System OB/GYN ANTEPARTUM PLAN		Patient Label Here	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(ec) where applicable. ORDER DETAILS B Next Day in AM, T+1:0300, Every AM for 3 days Next Day in AM, T+1:0300, Every AM for 1 days B Next Day in AM, T+1:0300, Every AM for 1 days B Next Day in AM, T+1:0300, Every AM for 1 days Comprehensive Metabolic Panel Next Day in AM, T+1:0300, Every AM for 1 days Pothrombin Time with NR Next Day in AM, T+1:0300 B Routine, T:N Routine, T:N Next Day in AM, T+1:0300 STAT Next Day in AM, T+1:0300 Prothrombin Time with NR Next Day in AM, T+1:0300 B STAT Protitions, T:N Next Day in AM, T+1:0300 STAT Next Day in AM, T+1:0300 B STAT Protitombin Time with NR Next Day in AM, T+1:0300 B STAT Protitombin Time with NR Next Day in AM, T+1:0300 B StaT Protocolume, T:N Next Day in AM, T+1:0300 B StaT Not Day in AM, T+1:0300 StaT Hepatitis B Surface Antigen <t< td=""><td></td></t<>				
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Image: State Stat		Next Day in AM, T+1,0300, Every AM for 3 days	Next Day in AM, T+1;0300, Every AM for 1 days	
Image: Contine T.N. Image: Next Day in AM, T+1;0300 Hepatitis B Surface Antigen Fibrinogen Level Uric Acid Level ALT AST LDH Chlamydia trachomatis by PCR Neisseria gonorrhoeae by PCR Culture Genital Beta Strep B HSV 1.2 by PCR Herpes Simplex Virus 1 and 2 IgG Syphilis Screen HV Screen Fetal Fibronectin Wet Prep Exam Gluccee Fasting Hermos Simplex Virue Urinalysis Image: Urine Random Drug Screen Urine Zahr Protein Image: Drug Cather Protein Image: Drug Cat		Routine, T;N	Next Day in AM, T+1;0300	
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LDH Chlamydia trachomatis by PCR Neisseria gonorrhoeae by PCR Culture Genital Beta Strep B HSV 1.2 by PCR Herpes Simplex Virus 1 and 2 lgG Syphilis Screen HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinal Urine Culture Urine Culture Urine Urine Random Drug Screen Urine Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time		ALT		
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Neisseria gonorrhoeae by PCR Culture Genital Beta Strep B HSV 1.2 by PCR Herpes Simplex Virus 1 and 2 lgG Syphilis Screen HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Greer Taken by Signature: Date		LDH		
Culture Genital Beta Strep B HSV 1.2 by PCR Herpes Simplex Virus 1 and 2 lgG Syphilis Screen HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Order Taken by Signature:		Chlamydia trachomatis by PCR		
HSV 1.2 by PCR Herpes Simplex Virus 1 and 2 IgG Syphilis Screen HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Order Taken by Signature: Date Time		Neisseria gonorrhoeae by PCR		
Herpes Simplex Virus 1 and 2 lgG Syphilis Screen HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Calteterized Urine Culture Urine Utrine Random Drug Screen Urine 24hr Protein Order Taken by Signature: Date Time		Culture Genital Beta Strep B		
Syphilis Screen HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Order Taken by Signature: Date Time				
HIV Screen Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Order Taken by Signature: Date Time		Herpes Simplex Virus 1 and 2 IgG		
Fetal Fibronectin Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Order Taken by Signature: Date Time		Syphilis Screen		
Wet Prep Exam Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein TO Read Back Order Taken by Signature: Date Time		HIV Screen		
Glucose Fasting Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein TO Read Back Order Taken by Signature: Date Time		Fetal Fibronectin		
Hemoglobin A1C Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein TO Read Back Order Taken by Signature: Date Time		Wet Prep Exam		
Urinalysis Urine Catheterized Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein To Read Back Order Taken by Signature: Date Time		Glucose Fasting		
Urine Clean Catch Urine Culture Urine Urine Random Drug Screen Urine 24hr Protein Urine 24hr Protein TO Read Back Order Taken by Signature: Date		Hemoglobin A1C		
Urine Random Drug Screen Urine 24hr Protein TO Read Back Order Taken by Signature:			Clean Catch Urine	
Urine 24hr Protein TO Read Back Order Taken by Signature: Date Time		Culture Urine		
TO Read Back Scanned Powerchart Scanned PharmScan Order Taken by Signature: Date Time		Urine Random Drug Screen		
Order Taken by Signature: Time		Urine 24hr Protein		
Order Taken by Signature: Time				
Physician Signature: Date	Order Take	n by Signature:	Date Time	
	Physician	Signature:	Date Time	

UMC Health System		Pat	ient Label Here
0	B/GYN ANTEPARTUM PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Urine 24hr Creatinine		
	Additional Orders		
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician	Signature:	Date	Time

UMC Health System		Pa	tient Label Here
BE	3 TYPE AND SCREEN PLAN	Tu	
		N ORDERS	
ORDER	Place an "X" in the Orders column to designate orders of choice AN ORDER DETAILS	D an "x" in the specific orde	er detail box(es) where applicable.
ORDER	Laboratory		
	BB Blood Type (ABO/Rh)		
	BB Antibody Screen		
∟ □ то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:			
Physician	Signature:	Date	Time

	UMC Health System		
		Patient Label Here	
	ABOR AND DELIVERY DISCOMFORT MED PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order detail box(es) where applic	able.
ORDER	ORDER DETAILS		
	Patient Care Perform Bladder Scan		
	Scan PRN, If more than 250, Then: Call MD, Perform as needed for p distention present OR 6 hrs post Foley removal and patient has not vo		
	Medications	tal daily daga if peoded	
	Medication sentences are per dose. You will need to calculate a tot menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous mem 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat	-	
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20) mg-200 mg/10 mL oral liquid)	
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) ☐ 15 mL, swish & spit, liq, q2h, PRN mucositis While awake		
	Analgesics		
	acetaminophen □ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** □ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ****Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:*****		
	ibuprofen ↓ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicate or the patient is NPO, USE ketorolac if ordered**** 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicate or the patient is NPO, USE ketorolac if ordered**** D tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicate or the patient is NPO, USE ketorolac if ordered****		
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access***		
	morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ******IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered***** 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ******IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****		
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	Order Taken by Signature: Date Time Physician Signature: Date Time		
i nysiciali			

UMC Health System		B	atient Label Here
LABOR AND DELIVERY DISCOMFORT MED PLAN			
		N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	HYDROmorphone □ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) □ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj,	q4h, PRN pain-severe (scale 7-10)
	Antiemetics		
	promethazine ☐ 25 mg, PO, tab, q4h, PRN nausea *****IF promethazine is ineffective/contraindicated or patient is NPO, I	JSE ondansetron if ordered**	***
	ondansetron 4 mg, IVPush, soln, q8h, PRN nausea		
	Gastrointestinal Agents		
	docusate 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE I	pisacodyl if ordered*****	
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE F	leet Enema if ordered*****	
	sodium biphosphate-sodium phosphate (Fleet Enema)		
	Ioperamide □ 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool □ 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool		
	Ioperamide □ 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day □ 2 mg, PO, liq, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day □ 2 mg after each loose stool, up to 16 mg per day		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.		
	simethicone B 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q	4h, PRN gas
	Sedatives		
	ALPRAZolam 0.25 mg, PO, tab, TID, PRN anxiety ******IF ALPRAZolam is ineffective/contraindicated or patient is NPO, USE LORazepam if ordered*****		
Пто	Read Back	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature: Time		Time	
Physician Signature: Date			Time

	UMC Health System		
LABOR AND DELIVERY DISCOMFORT MED PLAN		Patient Label Here	
EABOR AND DELIVERT DISCOMPORT MED FEAR			
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS		
	LORazepam ☐ 1 mg, IVPush, inj, q6h, PRN anxiety	0.5 mg, IVPush, inj, q6h, PRN anxiety	
	zolpidem ☐ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective		
	Antihistamines		
	diphenhydrAMINE ☐ 25 mg, PO, cap, q4h, PRN itching ******IF diphenhydrAMINE PO is ineffective or patient is NPO, USE dip	henhydrAMINE inj if ordered*****	
	diphenhydrAMINE 25 mg, IVPush, inj, q4h, PRN itching		
	Anti-pyretics		
	acetaminophen 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen is ineffective/contraindicated, USE ibuprofen if ordered***** 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen is ineffective/contraindicated, USE ibuprofen if ordered*****		
	ibuprofen □ 200 mg, PO, tab, q4h, PRN fever □ Do not exceed 3,200 mg in 24 hours. Give with food. □ 400 mg, PO, tab, q4h, PRN fever □ Do not exceed 3,200 mg in 24 hours. Give with food.		
	Anorectal Preparations		
	 witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area *****IF witch hazel-glycerin ineffective/contraindicated, USE phenylephrine ointment if ordered***** 		
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area *****IF Preparation H ointment ineffective/contraindicated, USE hydrocortisone-pramoxine foam if ordered*****		
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Physician S	Physician Signature:		

