

Outpatient Miscellaneous Nursing Order Set

Phone: 509-772-2695 Fax: 509-773-3354

General						
Patient Name						
	Order Expiration Date					
Allergies:						
Guidelines for Ordering: 1. Send FACE SHEET and H DIAGNOSIS CODE: □ Other:		chart note.				
Nursing Orders	·····					

OUTPATIENT NURSE- PLACE STICKER HERE



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Ordering Facility/Provider Information							
By signing below, I affirm the follow							
I am responsible for the care of the							
hold an active, unrestricted license to practice medicine in (specify state)							
		d I am acting within my scope of p					
authorized by law to order infusion	of the medication describ	ed above for the patient identified on	this form.				
Provider Signature:		Date					
Printed name:	Phone:	Fax:					
	KVH Provider Co-sign	ature:					
	*Required for all extern	al orders					
Provider Signature:		Date					
Fiovidei Signature.		Date					
Printed name:							