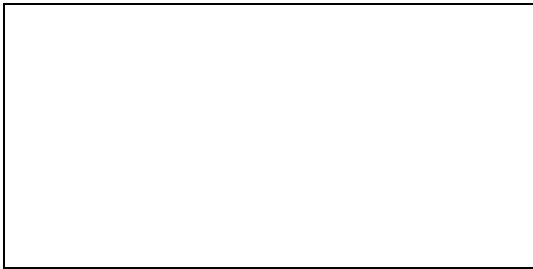




STRATFORD GENERAL HOSPITAL

Physician Orders

SCAN ALL ORDERS TO PHARMACY



Allergies

| | | | | |
|------|------|---------------------------|-----------|---|
| | | | | AGE _____ WT. _____ (kg) |
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| | | | | Scanned <input type="checkbox"/> Initials _____ |
| DATE | TIME | PHYSICIANS – PRINTED NAME | SIGNATURE | Date _____ Time _____ |
| | | | | WT. _____ (kg) |
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| | | | | Scanned <input type="checkbox"/> Initials _____ |
| DATE | TIME | PHYSICIANS – PRINTED NAME | SIGNATURE | Date _____ Time _____ |
| | | | | WT. _____ (kg) |
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| DATE | TIME | PHYSICIANS – PRINTED NAME | SIGNATURE | Date _____ Time _____ |