Physician's Orders

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician

Date	Time					
		□ Admit to Inpatient Status (I certify that inpatient services are needed)				
		Place Patient in Outpatient Status				
		□ Place Patient in Outpatient Status and begin Observation Services				
Do Not U	Jse Abbrevia	ations: U (for unit), IU (for intern	national unit), Q.[D., Q.O.D., Traili	ng zero (X.0 mg), MS, MSO4, MgSO4	
<u> </u>						
I certify by my signature that the ordered level of care is based on medical necessity as documented within this medical						
record (42CFR Section 456.60 Certification/recertification).						
Physician	Signature				Date: Time:	
Physician Signature: Date: Print Name:						
Allergies &	Sensitivities		Weight	Height	Diagnosis	
			 			
JL HCA Florida JFK Hospital						
5301 South Congress Avenue, Atlantis, FL				Dationt Identification // abol		
PHYSICIAN ORDERS				Patient Identification/Label		
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