

GENERIC SUBSTITUTE UNLESS CHECKED

**ORDERS ARE IN EFFECT UNLESS CROSSED OUT.**  
Exceptions: Orders preceded by a box () require a ✓ to initiate order.  
Orders with blanks indicate additional information is needed.

\*Patient name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Date \_\_\_\_\_ \*Diagnosis and ICD-10 code: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Time \_\_\_\_\_ Medication:  Testosterone  B-12  Antibiotics \_\_\_\_\_  
 Leuprolide  Other \_\_\_\_\_

Dose: \_\_\_\_\_ Site  IM  SQ

Frequency: \_\_\_\_\_

Labs:  CBC  CMP  B12 Testosterone, draw prior to 10 a.m.  Free  Total  Other

Frequency of labs:  One time  Weekly  Twice monthly  Monthly  
 Other (specify) \_\_\_\_\_

\_\_\_\_\_  
\*Physician signature \*Date \*Time

\*Denotes field that must be completed by healthcare worker

**FAX order form to 503-815-7515**



Physician Order: IM/SQ Injection  
Adventist Health Tillamook  
1000 Third St., Tillamook OR 97141

{ Patient label }

Physician Order