Adventist Health
Tillamook

Physician Order
Outpatient Therapy Services

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.

*Date ____________

*Time ____________

***Patient name:** ______________________ ***DOB:** ____________

***Diagnosis:** ______________________

Allergies: ______________________

Outpatient admit: ☐ Series ☐ One time

Code status: ☐ Full code ☐ DNR ☐ Medications only
☐ Other (specify) ______________________

Vital signs: ☐ Per protocol ☐ Other (specify) ______________________

Lab draws: ☐ CBC ☐ CMP ☐ Hgb and Hct ☐ PT ☐ ESR ☐ Albumin
☐ Other (specify) ______________________

Vascular access: ☐ Port ☐ PICC ☐ CVC ☐ Start SL

Frequency of lab test(s): ☐ One-time order ☐ Weekly ☐ Twice monthly ☐ Monthly
☐ Other (specify) ______________________

☐ **Please have patient evaluated by wound care RN**

Additional order(s): ______________________

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Frequency of additional order(s): ☐ One-time order ☐ 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**

{ Patient label }

Physician Order

Physician Order: Outpatient Therapy Services
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

070-00603 04/24