

## Verbal Medicines Order (for recording verbal orders)

This form is for taking verbal orders. To stop medicines cross them off on the Printed Chart. This is not a prescription.

<b>Facility name</b>	<b>Facility address</b>
<b>Prescriber</b>	<b>Resident</b> (use label if available)
Prescriber name	Family Name
Prescriber address	Given name
	Date of Birth                      /                      /
Prescriber reg. no.	Room no. & NHI      Room:                      NHI:
Allergies	

	Date: / /    Regular <input type="checkbox"/> Short Course <input type="checkbox"/> PRN <input type="checkbox"/>	Route:	Indication:	
Verbal	Medicine name and form:		Strength	
			Strength units	
	Maximum dose in 24 hrs:		Time:	Br'kfast
	Special instructions:		Lunch	Dinner
			Bed	
		Dose:		
		Prescriber signature:	Stop date                      Prescriber signature	
			/ /	
Verbal order sign (RN):		Verbal order sign (witness):		

	Date: / /    Regular <input type="checkbox"/> Short Course <input type="checkbox"/> PRN <input type="checkbox"/>	Route:	Indication:	
Verbal	Medicine name and form:		Strength	
			Strength units	
	Maximum dose in 24 hrs:		Time:	Br'kfast
	Special instructions:		Lunch	Dinner
			Bed	
		Dose:		
		Prescriber signature:	Stop date                      Prescriber signature	
			/ /	
Verbal order sign (RN):		Verbal order sign (witness):		

Do not write in this space

The Order for these medications is to be signed by the prescriber within time frame as determined by site policy