## Admission Medicines Order (for use with new residents. It must be faxed to the pharmacy) of Order date: \_\_\_\_ /\_\_\_ /\_\_\_ page pages This form is to be used for prescribing medicines for new patients admitted to the facility. Chart short course medicines on a Short Course Medicines Order form. This is not a prescription. **Facility address Facility name** Prescriber (use label if available) Resident (use label if available) Prescriber name **Family Name** Prescriber address Given name Date of Birth / Prescriber reg. no. Room no. & NHI Room: NHI: Route: Indication: PRN Date: Regular Medicine name and form: Strength units Strength BKF DIN BED Maximum dose in 24 hrs: LUN Time: Special instructions: Dose: Prescriber signature: Stop date Prescriber signature Indication: Route: Regular PRN Medicine name and form: Strength Strength units BKF BED Maximum dose in 24 hrs: LUN DIN Time: Special instructions: Dose: Stop date Prescriber signature: Prescriber signature Route: Indication: Date: PRN Regular Medicine name and form: Strength Strength units Maximum dose in 24 hrs: BKF LUN DIN BED Time: Special instructions: Dose: Prescriber signature: Stop date Prescriber signature / Route: Indication: Regular PRN Medicine name and form: Strength Strength units Maximum dose in 24 hrs: BKF BED LUN DIN Time: Special instructions: Dose: Prescriber signature: Stop date Prescriber signature / / Route: Indication: Date: PRN Regular Medicine name and form: Strength Strength units Maximum dose in 24 hrs: BKF LUN DIN BED Time: Special instructions: Dose: Prescriber signature: Stop date Prescriber signature