PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name							Address
Last Name		First Name	DOB	Record Number	Room Number	Attending Physician	

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

ORIGINAL COPY - Physician Please Sign and Return

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name							Address
Last Name		First Name	DOB	Record Number	Room Number	Attending Physician	

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

ORIGINAL COPY - Physician Please Sign and Return

www.BriggsHealthcare.com © SAMPLE (800) 247-2343

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name							Address
Last Name		First Name	DOB	Record Number	Room Number	Attending Physician	

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

ORIGINAL COPY - Physician Please Sign and Return

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name						Address
Last Name	First Name	DOB	Record Number	Room Number	Attending Physician	

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

PHARMACY COPY - Send to Pharmacy

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name						Address
Last Name	First Name	DOB	Record Number	Room Number	Attending Physician	

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

PHARMACY COPY - Send to Pharmacy

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name						Address
Last Name	First Name	DOB	Record Number	Room Number	Attending Physician	

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

PHARMACY COPY - Send to Pharmacy

© SAMPLE www.BriggsHealthcare.com (800) 247-2343

PHYSICIAN'S TELEPHONE ORDERS

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name					Address
Last Name	First Name	DOB	Record Number	Room Number	Attending Physician

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

CHART CONTROL COPY - Attach Original Signed Copy When Received

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name					Address
Last Name	First Name	DOB	Record Number	Room Number	Attending Physician

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

CHART CONTROL COPY - Attach Original Signed Copy When Received

PHYSICIAN'S TELEPHONE ORDERS

Form 989P Rev. 7/17 © BRIGGS, Des Moines, IA 50306 (800) 247-2343

Facility Name					Address
Last Name	First Name	DOB	Record Number	Room Number	Attending Physician

Date Ordered	Date Discontinued	ORDERS

Signature of Nurse Receiving Order	Time	❑ Verbal Orders Read Back	Signature of Physician	Date

CHART CONTROL COPY - Attach Original Signed Copy When Received

www.BriggsHealthcare.com © SAMPLE (800) 247-2343