☐ STAT ☐ RT

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date (required)	Time (required)	PHYSICIAN'S ORDERS AND SIGNATURE
		☐ Inpatient ☐ Place in observation. ☐ Place in outpatient services.
		▶ Physician's Signature (required)

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* P O S *

T-13 Physician Orders (Rev.12-09)
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