

TIME SENT		TIME MED. REQUIRED	
ORDERING NURSE	COPY SENT TO FLOOR	ORDER ACKNOWLEDGED	
1	<input type="checkbox"/> PROFILE ERROR <input type="checkbox"/> REORDER AS NEEDED <input type="checkbox"/> OTHER _____	MED./ROUTE _____	DOSE & FREQ. _____
2	<input type="checkbox"/> PROFILE ERROR <input type="checkbox"/> REORDER AS NEEDED <input type="checkbox"/> OTHER _____	MED./ROUTE _____	DOSE & FREQ. _____
3	<input type="checkbox"/> PROFILE ERROR <input type="checkbox"/> REORDER AS NEEDED <input type="checkbox"/> OTHER _____	MED./ROUTE _____	DOSE & FREQ. _____

McLaren Flint
FLINT, MICHIGAN
PHARMACY

M-1600 (9/13)

PHARMACY

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