



PHYSICIAN'S ORDERS

ALLERGIES:

PHYSICIAN: Dr. Lance E. Busch

ORDERED		ORDERS	TIME
Date	Time		ORDER NOTED
		Admit for Outpatient Bronchoscopy	
		Diagnosis:	
		Meperidine (Demerol) ___ mg IM on call	
		Atropine ___ mg IM on call	
		Promethazine (Phenergan) ___ mg IM on call	
		INT placed	
		Permit signed	
		Post Op:	
		Physician Signature: _____	
		Date/Time: _____	

▼ Addressograph / Patient Label ▼



ADMIT FOR OUTPATIENT BRONCHOSCOPY