



Mercy Hospital  
of Pittsburgh

Option: Department/Physician Name

# Order Template

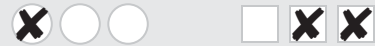
Option: Subsitiary Title/Notes

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Option: Mandatory

Draw a line through, initial and date all changes.  
If generically equivalent medication is not acceptable., then write "brand necessary."

Circles: one and only one. Squares: one, many, or none.



**First  
Section  
Title**

**Second  
Section  
Title**

PA  CRNP  Resident

ED attending physician (not required)

Inpatient attending verifies (required)

Sign:

Print Last Name:

Date:

Time:

Sign:

Print Last Name:

Date:

Time:

Sign:

Print Last Name:

Date:

Time: