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## VERBAL ORDER

**TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_  
 \_\_\_\_\_

| DISCIPLINE | SERVICE AND TREATMENT ORDERED                                     |
|------------|---|
| <i>SN</i>  | <i>Please verify the changes in patient's medication regimen.</i> |
|            | <i>Thank you.</i>   |
|            |   |
|            |   |
|            |   |
|            |   |
|            |   |

| START DATE | MEDICATION CHANGES/ADDITIONS:<br>MEDICATION NAME | UNIT DOSE | PATIENT DOSE | ROUTE | FREQUENCY | DURATION | (C) OR (N) | D/C DATE |
|------------|--|-----------|--------------|-------|-----------|----------|------------|----------|
|            |  |           |              |       |           |          |            |          |
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|            |  |           |              |       |           |          |            |          |
|            |  |           |              |       |           |          |            |          |

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**SIGNATURE/TITLE AND DATE OF PERSON ACCEPTING ORDERS:** \_\_\_\_\_

**I CONFIRM ISSUANCE OF THE ABOVE VERBAL ORDER:** \_\_\_\_\_