

(These orders are usually placed on office letter head so the far sites have contact information)

PHYSICIAN'S ORDERS

_____ Associates

Attending Physician: _____, M.D.

Patients Name: _____

DOB _____

Consult Date _____ Time _____ (ET)

Diagnosis: _____

Telemedicine Protocol for _____

1. Vital Signs
2. Weight
3. X-Ray(s) _____
4. Labs: _____
5. Presentor (circle one): Nurse, P.T., S.T., other _____
6. List of current medications and any allergies
7. Additional Instructions: _____

_____, M.D. Date: _____

(We ask the office to type the MD's name here so legibility is not an issue)

If you have any questions, problems or concerns, do not hesitate to call the telehealth office (1-800-562-9753 Ext. 4766) or the _____ Associates office (906-_____).

Faxed to Far end site coordinator

Intials _____ Date _____