

**THE MOUNT SINAI HOSPITAL  
NEW YORK, NEW YORK 10029  
ORDER SHEET**

DATE  
NAME  
UNIT NO.  
SEX / AGE  
SERIAL NO.  
LOCATION

PHYSICIAN SERVICE

**TEMPLATE**

- INSTRUCTIONS:**
1. ENTER ALL ORDERS FOR PROCEDURES AND DRUGS FOR THE PATIENT.
  2. TO CALL ATTENTION TO THE ORDER, NAME AND DRUGS MUST BE WRITTEN ON "ORDER INDICATOR" SHEET ON FRONT COVER OF ORDER BOOK.
  3. URGENT ORDERS MUST BE CALLED TO THE ATTENTION OF THE NURSE IN CHARGE.
  4. DOCTOR'S SIGNATURE MUST FOLLOW EACH SET OF ORDERS.
  5. TO DISCONTINUE AN ORDER: A COMPLETE NEW ENTRY MUST BE MADE.  
MEDICATIONS NOT PRESCRIBED AS TO A SPECIFIC DURATION WILL BE STOPPED AFTER FOUR (4) DAYS. CONTROLLED DRUGS (E.G. NARCOTICS, BARBITUATES, ETC.) WILL BE AUTOMATICALLY STOPPED AFTER THREE (3) DAYS.

ORDERED		IN ACCORDANCE WITH THE HOSPITAL FORMULARY SYSTEM CURRENTLY STOCKED DRUGS WILL BE DISPENSED	DISPOSITION		
DATE	TIME	ORDER	SIGNATURE	TIME	DATE DISC.
		<b>Study: [Study title]</b>			
		<b>GCO #: [00-0000]</b>			
		<b>PI: [Provider name, phone number]</b>			
		<b>Co-I: [Provider name, phone number]</b>			
		<b>CC: [Coordinator name, phone number]</b>			
		<b>Sample Medical Clearance MD Orders</b>			
		<ul style="list-style-type: none"> <li>• Verify signed consent &amp; HIPAA</li> <li>• VS, Height &amp; Weight</li> <li>• Complete History &amp; Physical exam by CRU NP – please note LMP</li> <li>• MSH Labs: (4mL LTT &amp; 5mL gold TT x 1)</li> </ul>			
		Blood draw:			
		<ul style="list-style-type: none"> <li>▫ Comprehensive Metabolic Panel</li> <li>▫ Gamma GTP</li> <li>▫ TSH</li> <li>▫ CBC w/diff +PLT</li> <li>▫ HCG, total Beta (♀of childbearing potential only)</li> </ul>			
		Urine Collection:			
		<ul style="list-style-type: none"> <li>▫ Urinalysis, clean catch (10mL YTT)</li> </ul>			
		<ul style="list-style-type: none"> <li>• EKG</li> </ul>			
		<ul style="list-style-type: none"> <li>• Discharge participant to home</li> </ul>			
