

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician

Date	Time	<b>PHYSICIAN'S ORDERS</b>	
		<input type="checkbox"/> Admit to Inpatient Status (I certify that inpatient services are needed)	
		<input type="checkbox"/> Place Patient in Outpatient Status	
		<input type="checkbox"/> Place Patient in Outpatient Status and begin Observation Services	
Do Not Use Abbreviations: U (for unit), IU (for international unit), Q.D., Q.O.D., Trailing zero (X.0 mg), MS, MSO <sub>4</sub> , MgSO <sub>4</sub>			

I certify by my signature that the ordered level of care is based on medical necessity as documented within this medical record (42CFR Section 456.60 Certification/recertification).

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_

Allergies & Sensitivities <input type="checkbox"/> NKA	Weight	Height	Diagnosis
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PHYSICIAN ORDERS



\*POS\* JFKN-600-10008  
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**JFK MEDICAL CENTER**  
Main Campus - Atlantis  
North Campus - West Palm Beach  
2201 - 45th Street  
West Palm Beach, FL 33407

Patient Identification/Label