

PHYSICIANS ORDERS

George Curious

AL-Insight

Orders

Hour

Namenda 10 MG Oral 1 tab BID - Startdate: 2/25/2009 Quantity: Refill: Physician: Dr. Smith	0800 1500	**** DIAG - Diagnoses **** * Hypertension, Arthritis, Dementia - 7/22/2008
Tylenol 500 MG ORAL 2 tabs QD No notes- Startdate: 1/9/2009 Quantity: Refill: Physician: Dr. Bilger	0800	**** DINJ - Diabetic Injection **** * Insulin - 5/27/2008
HCTZ 5 MG Oral 1 CAP QD - Startdate: 12/20/2008 Quantity: Refill: Physician: Dr. Suess	0800	
Namenda 5 MG Oral 1 tab QD Make sure medication is administered prior to breakfast- Startdate: 10/3/2008 Quantity: Refill: Physician: Dr. Smith	900AM	
Tylenol 250 MG Oral 2 Tabs PRN Not to exceed 1200 mg / day (or 4 tabs)- Startdate: 8/15/2008 PRN - Pain Quantity: Refill: Physician:	PRN P ALT R N	
Aricept 10 MG Oral 1 tab BID - Startdate: 8/6/2008 Quantity: Refill: Physician:	0700 7pm	
Aspirin 81 mg Oral 1 tab QD - Startdate: 7/22/2008 Quantity: Refill: Physician:	0900	
Predisone 5.0 mg Oral 1 tab QD Please give to Curious with supper meal- Startdate: 7/19/2008 Quantity: Refill: Physician:	6PM	
Vicodin 500 MG Oral 1 tab BID - Startdate: 7/10/2008 Quantity: Refill: Physician:	0800 6PM	
Celebrex 20 MG oral 1 tab QOD Take with full glass of water- Startdate: 7/1/2008 Quantity: Refill: Physician: Dr. Smith	0800	
Vicodin 500 MG Oral 2 tab BID MUST TAKE PULSE prior to administration- Startdate: 6/27/2008 Quantity: Refill: Physician: Dr. Smith	Pulse 1800 0800 B/P	
Tylenol 250 MG Oral 1 CAP QD - Startdate: 4/4/2008 Quantity: Refill: Physician:	8AM	
Vicodin 5/500 APAP Oral 2 Tabs BID Complete pain assessment and watch for nausea- Startdate: 4/4/2008 PRN - Pain Quantity: #30 Refill:1 Physician:	PRN 0800 6PM	

Reviewed By: _____ Doctor: _____ Date: _____ Nurse: _____ Date: _____

PHYSICIAN NAME AND PHONE NO.: **Dr. Doctor Primary1 303-598-2666** PHARMACY NAME: **Walgreen's Pharmacy**

DIAGNOSIS: **Hypertension, Arthritis, Dementia (7/22/2008)** ALLERGIES: **Strawberries, Amoxicillin**

PATIENT NO.: 639 SEX: M ROOM NO.: 108 PRINT DATE: 3/7/2009 PAGE: 1 of 2 George, Curious

Orders

Hour

Mobic 10 MG Oral 1 tab BID
No notes- Startdate: 4/2/2008
Quantity: Refill:
Physician: Dr. Jim Jungle

0800	
1800	

Reviewed By: _____
Doctor: _____ Date: _____ Nurse: _____ Date: _____

PHYSICIAN NAME AND PHONE NO.:				PHARMACY NAME:	
Dr. Doctor Primary1 303-598-2666				Walgreen's Pharmacy	
DIAGNOSIS:				ALLERGIES:	
Hypertension, Arthritis, Dementia (7/22/2008)				Strawberries, Amoxicillin	
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