TC:33452.090.MEDOF-POF-S02-214-20200113

PRESCRIBER'S DIGIORDER



FACILITY & FLOOR/WING			ROOM NO.		NO.	DATE OF BIRTH		HEALTH CARD NO.					
RESIDENT			LERGIES	RGIES		PRES			SCRIBER				
Please use DigiPe	n to complete re	sident and orde	er inform	natio	n, dock t	he pen and	place in ch	art in pro	eparation	for	ord	ers.	
DATE:			INDICATION(S):				PROCESSED BY		CHECKED BY				
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									Progress	Care	Plan	Infection	
									Notes			Control	
DELIVERY OPTIONS:	Regular Next Weekl Strip Deliver			Pres	criber's Signa	ature	Licence No.						
Regular medication Strip Scheduled: 7 day supply. Repeat x 60	Benzodiazepines: Scheduled: 7 day supply. Repeat x 60	Controlled and Narcotics: Scheduled: 1000 (one thousand) units. Dispense 7 day							Notified	POA/F	Resider	it	
PRN: 30 units. Repeat x 60 Non-repackaged: manufacturer's pack size. Repeat x 30 Topical bulk: 7 day supply. Repeat x 60	PRN: 30 units. Repeat x 60 All prescriptions expire one year from the date of issue	supply every 7 days; Patches 100 (c Dispense 5 patches every 12 days PRN: 1000 (one thousand) units. Dispense 30 tab / 100 mL every 3 days		signat pre-pri	s otherwise indicated, the prescriber ure provides authorization for the inted prescription quantities, up to time as the order may be discontinued			o-signature)	Signature &	Date	e		
ISMP DO NOT	USE: U, IU, CC, OS, OD,	OU, QD, D/C, QOD, µ	ıg, @, >, <, t	trailing z	zeros, or drug	g name abbrevia	tions. Always use	zero before	decimal point	(0.XX	mg).		
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DELIVERY OPTIONS:	Regular Next Weekl			Pres	criber's Signa	ature	Licence No.						
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Strip Scheduled: 7 day supply. Repeat x 60 PRN: 30 units. Repeat x 60 Non-repackaged: manufacturer's pack size. Repeat x 30 Topical bulk: 7 day supply. Repeat x 60	Scheduled: 7 day supply. Repeat x 60 PRN: 30 units. Repeat x 60 All prescriptions expire one year from the date of issue	Scheduled: 1000 (one thousand) ur supply every 7 days; Patches 100 (c Dispense 5 patches every 12 days PRN: 1000 (one thousand) units. Dispense 30 tab / 100 mL every 3 days	one hundred) units.	signat pre-pri	ure provides authorinted prescription	icated, the prescriber athorization for the on quantities, up to the may be discontinued		o-signature)	Notified POA/Resident Signature & Date				
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									Progress Notes	Care	Plan	Infection Control	
DELIVERY OPTIONS:	Regular Next Weekl Delivery Strip Delive			Pres	criber's Signa	ature	Licence No.						
Regular medication Strip Scheduled: 7 day supply. Repeat x 60	Benzodiazepines: Scheduled: 7 day supply. Repeat x 60	Controlled and Narcotics: Scheduled: 1000 (one thousand) ur	nits. Dispense 7 dav						Notified	POA/F	Resider	it	
PRN: 30 units. Repeat x 60 Non-repackaged: manufacturer's pack size. Repeat x 30	PRN: 30 units. Repeat x 60 All prescriptions expire one year	supply every 7 days; Patches 100 (c Dispense 5 patches every 12 days PRN: 1000 (one thousand) units.) (one hundred) units.	signat pre-pri	s otherwise indica ure provides auth- inted prescription ime as the order r	quantities, up to	Date/Time (for c	o-signature)	Signature &				

If prescriber authorization is pending receipt by the pharmacy, to ensure continuity of care, I authorize an additional 4 refills of all active, prescribed medications.

