UNIVERSITY of MARYLAND MEDICAL CENTER | KAUFMAN INFUSION CENTER

PHYSICIAN'S ORDERS

Patient's Name:_____

Date of Birth: _____

CURRENT WEIGHT: _____

REMINDER: DISCHARGE TIME IS 12 NOON

All orders are to be dated and timed.

DX:		
DATE	**TIME**	

21804/IC 4/18

DO NOT WRITE IN THIS SPACE