FORM 30.29 R12/08

30.29

THE UNIVERSITY OF CHICAGO MEDICAL CENTER
5841 S. Maryland Avenue
Chicago, IL 60637

# PHYSICIAN ORDER FORM

PATIENT NUMBER

NAME-FIRST-LAST

NO. & STREET

CITY & STATE

CLINIC OR FLOOR | DATE

**Physicians Please Note:**
Each set of orders requires date, time, signature, beeper # and flagging.
**One order per line. Number each individual order.**
INITIAL orders require the following:

PRIMARY DX:_____

SECONDARY DX:_____

HT:_____ cm. WT:_____ kg.

SERVICE:_____

ALLERGIES:

DRUG _____

FOOD/LATEX _____

DO NOT WRITE TO LEFT OF LINE

| DATE & TIME | MUST ✓ IF MED. | MEDICATION ORDERS: (MUST include drug name, dose frequency, route and, if applicable, duration. USE OF GENERIC NAME IS ENCOURAGED. **ANTIBIOTICS REQUIRE P, E OR T AND INDICATIONS FOR USE.**) DIAGNOSTIC & TREATMENT: (MUST include indications for treatment/procedures.) | INDICATIONS | NURSING USE ONLY ORDER DISPATCHED SIGNATURE & MED. ADMIN. TIME |
|---|---|---|---|---|

## TOBACCO CESSATION PROGRAM FAX REFERRAL

*Quit rates are highest when medications are combined with behavioral intervention.*

Please complete **ITEMS 1–5** (all items required) and **fax to the Asthma and COPD Center at 4-0242**. Please print legibly. We will call the patient to schedule an appointment.

1. **Today's date:** _____
   **Month Day Year**

2. **Referral by:** _____
   **Physician / Nurse - First, last**

3. **Primary Care Physician or other provider to whom we should send our consultation report:** _____
   **Provider Name - First, last**
   **Is this provider at UCMC?** ☐ **Yes** ☐ **No**

4. **Diagnosis (please check one):**
   - ☐ Asthma
   - ☐ Chronic Obstructive Pulmonary Disease (COPD)
   - ☐ Sarcoid
   - ☐ Idiopathic Pulmonary Fibrosis (IPF)
   - ☐ Congestive Heart Failure (CHF)
   - ☐ Coronary Artery Disease
   - ☐ Other:_____

5. **Patient HOME or CELL phone number. We need this contact information to schedule a consultation:** _____

Physician/Nurse Signature_____ Pager #_____

DO NOT WRITE TO LEFT OF LINE

DO NOT WRITE BELOW LINE DO NOT WRITE BELOW LINE