

PHYSICIAN NAME (printed)



PHARMACY ADMINISTRATION RECORD PHYSICIAN ORDER FORM

PHYSICIAN SIGNATURE

PLACE COMPLETED F	ORM IN	DRUG	вох то	BE RETU	JRNED TO PI	HARMAC	Υ	
DATE (mm/dd/yyyy)			INCIDEN	Т#	OLD BOX #	RESEAL#		
PATIENT'S NAME (Apply Patient Sticker if available)			PATIENT'S DOB (mm/dd/yyyy)		NEW BOX #		•	
MUST indicate	e whet	her ST <i>l</i>	ANDING	6 (S) or (ONLINE (O)	Orders		
MEDICATION AMT ADMIN		s/o	MEDICA		TION	AMT ADMIN	s/o	
NARCOTIC WASTED		AMOUNT WITN		WITNES	S SIGNATURE	RESEA	RESEAL#	
AIC NAME (printed) AIC SIGNATURE								
AIC CERT #								
EMS AGENCY NAME								
THIS PORTION COMPLETED ONLY if ONLINE ORDERS or NARCOTICS ADMINISTERED								
PHYSICIAN NAME (printed)	DEA #	(REQUIRED ONL	Y FOR NARCOTICS		PHYSICIAN SIGNATURE			
Western Virginia Emergency Medical Services Council, Inc. Blue Ridge Emergency Medical Services Council, Inc.				PHARMACY ADMINISTRATION RECORD PHYSICIAN ORDER FORM				
PLACE COMPLETED FORM IN DRUG BOX				O BE RETURNED TO PHARMACT				
DATE (mm/dd/yyyy)	/dd/yyyy)			INCIDENT # OLD BOX #		RESEAL #		
PATIENT'S NAME (Apply Patient Sticker if available)			PATIENT (mm/dd/y)					
MUST indicate whether STANDING (S) or ONLINE (O) Orders								
MEDICATION	AMT ADMIN	s/o		MEDICAT	TION	AMT ADMIN	s/o	
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NARCOTIC WASTED		AMOUNT		WITNESS SIGNATURE		RESEAL #		
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AIC NAME (printed)					AIC SIG	NATURE		
AIC CERT # EMS AGENCY NAME								
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THIS PORTION COMPLETED ONLY IF ONLINE ORDERS OF NARCOTICS ADMINISTERED								

DEA # (REQUIRED ONLY FOR NARCOTICS)