



**PHARMACY ADMINISTRATION RECORD  
PHYSICIAN ORDER FORM**

**PLACE COMPLETED FORM IN DRUG BOX TO BE RETURNED TO PHARMACY**

DATE (mm/dd/yyyy)	INCIDENT #	OLD BOX #	RESEAL #
PATIENT'S NAME (Apply Patient Sticker if available)	PATIENT'S DOB (mm/dd/yyyy)	NEW BOX #	

AIC NAME (printed)	<b>AIC SIGNATURE</b>
AIC CERT #	
EMS AGENCY NAME	

**PROTOCOL STANDING ORDER MEDICATION ADMINISTRATION**

MEDICATION	AMT ADMIN

MEDICATION	AMT ADMIN

NARCOTIC WASTED	AMOUNT	WITNESS SIGNATURE	RESEAL #

**↓ THIS SECTION COMPLETED ONLY FOR MEDICAL CONTROL / ONLINE ORDERS ↓**

*Per Virginia Board of Pharmacy regulation, the EMS physician issuing a Medical Control/Online Order for the administration of any medication outside of an existing standing protocol must reduce such an order to writing, sign the order, and provide a copy of the order to the hospital pharmacy. A copy of such an order must be attached to the Pharmacy Administration Record or the EMS physician may complete and sign the section below to reduce the oral order to writing. Such a writing must be returned to the pharmacy within seven (7) days.*

**MEDICAL CONTROL / ONLINE ORDER MEDICATION ADMINISTRATION**

MEDICATION	AMT ADMIN

MEDICATION	AMT ADMIN

NARCOTIC WASTED	AMOUNT	WITNESS SIGNATURE	RESEAL #

PHYSICIAN NAME (printed)	DEA # (REQUIRED ONLY FOR NARCOTICS)	PHYSICIAN SIGNATURE