Admission Medicines Order (for use with new residents. It must be faxed to the pharmacy)

Order date: ____ /____ /____ page ____ of ____ pages

This form is to be used for prescribing medicines for new patients admitted to the facility. Chart short course medicines on a Short Course Medicines Order form. This is not a prescription.

Facility name		**Facility address**	
Prescriber (use label if available)		**Resident** (use label if available)	
Prescriber name		Family Name	
Prescriber address		Given name	
		Date of Birth	/ /
Prescriber reg. no.		Room no. & NHI	Room: NHI:

Admission

Date: / /	Regular ☐	PRN ☐	Route:		Indication:				
Medicine name and form:						Strength •		Strength units	
Maximum dose in 24 hrs: Special instructions:			Time:		BKF		LUN	DIN	BED
			Dose:						
			Prescriber signature:		Stop date / /		Prescriber signature		

Admission

Date: / /	Regular ☐	PRN ☐	Route:		Indication:				
Medicine name and form:						Strength •		Strength units	
Maximum dose in 24 hrs: Special instructions:			Time:		BKF		LUN	DIN	BED
			Dose:						
			Prescriber signature:		Stop date / /		Prescriber signature		

Admission

Date: / /	Regular ☐	PRN ☐	Route:		Indication:				
Medicine name and form:						Strength •		Strength units	
Maximum dose in 24 hrs: Special instructions:			Time:		BKF		LUN	DIN	BED
			Dose:						
			Prescriber signature:		Stop date / /		Prescriber signature		

Admission

Date: / /	Regular ☐	PRN ☐	Route:		Indication:				
Medicine name and form:						Strength •		Strength units	
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Admission

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Maximum dose in 24 hrs: Special instructions:			Time:		BKF		LUN	DIN	BED
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