

MEDICATIONS

CONSULTATION WITH MBS ADVANTAGE MD
FOR DYSPHAGIA AND MBS AND/OR
ESOPHAGEAL SCAN

Rx NO.

Rx NO.

Rx NO.

Rx NO.

Rx NO.

Rx NO.

Rx NO.

Rx NO.

Rx NO.

REVIEWING NURSE SIGNATURE

DATE

PHARMACIST REVIEW COMPLETED.

NO APPARENT IRREGULARITIES FOUND

REFER TO CONSULTANT REVIEW FORM

PHARMACIST SIGNATURE

DATE

GENERIC EQUIVALENTS MAY BE USED UNLESS THE ORDER IS SPECIFICALLY
FOLLOWED BY THE NOTATION: USE NO SUBSTITUTES

ATTENDING PHYSICIAN SIGNATURE

DATE

PHYSICIAN

ALTERNATE PHYSICIAN

BIRTHDATE

AGE

ADMIT DATE

MEDICARE NO.

MEDICAID NO.

SOCIAL SECURITY NO.

CUSTOMER NO.

315

315

PATIENT NAME

SEX

LOCATION