


GREATER LANSING
PHYSICIAN'S ORDERS

1

Blank lined area for order entry.

Signature box

DATE: _____ TIME: _____ PHYSICIAN'S SIGNATURE _____

2

Blank lined area for order entry.

Signature box

DATE: _____ TIME: _____ PHYSICIAN'S SIGNATURE _____

3

Blank lined area for order entry.

Signature box

DATE: _____ TIME: _____ PHYSICIAN'S SIGNATURE _____

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