

PRGORD

Progress & Orders



Provide Patient Identification: Patient Name;
Medical Record Number;
Date of Birth

**Clarify or Discontinue Existing Orders
Outpatient Infusion Therapy Plan**

All Pre-Selected Boxed Orders Are Initiated by Default Unless Crossed Out by Practitioner. All Boxed Orders Require Practitioner Check to be Initiated.

Heading	Content
Orders	Clarification to existing orders: Discontinue orders:
Provider Contact	Ordering Provider Name (please print): _____ Phone Number: _____ Office Location: _____ FAX: _____
PHMC Outpatient Infusion Contact Information	PROVIDER – PLEASE SIGN, DATE AND TIME ORDERS AND RETURN TO: PeaceHealth Peace Harbor Medical Center Peace Harbor Hospital Outpatient Infusion Services Department 400 Ninth Street, Florence, OR 97439 Contact Phone: 541-902-6019, FAX 541-902-1649
Authorization by Verbal or Telephone Order	Person giving verbal or telephone order: _____ Person receiving verbal or telephone order: _____ ☐ Check to indicate verbal or telephone orders have been read back to confirm accuracy

Practitioner Signature: _____ **Date of Order:** _____ **Time:** _____

Orders must include signature of the ordering practitioner, date, and time.