



TELEPHONE ORDERS

Date: _____ Time: _____

Client's Name: _____

Medical Practitioner's Name: _____

Person Receiving Order: _____

Transcribe order exactly as the Provider has stated it. For any medication orders, include full medication name, dosage amount, route, and how often. For any medical treatment orders, include details of how to perform treatment, how often, and when to stop treatment. Repeat the order back to the Provider to ensure proper transcription.

All telephone orders must be signed by the ordering medical practitioner within 15 days.

Medical Practitioner's Signature: _____ Date: _____

Service Coordinator's Signature: _____ Date Received: _____

Guardian's Name: _____ Date Notified: _____

Agency Nurse's Signature: _____ Date Received: _____

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