0 1 3 9 6

Children's Hospital of The King's Daughters, Inc.
601 Children's Lane, Norfolk, VA 23507-1910

DOCTOR'S ORDER SHEET

DOCTOR: USE BALL POINT PEN-PRESS FIRMLY

Patient Label or MRN, Acct#, Patient Name, DOB, Date of Service

ORDERED DATE	HOUR	ALL ORDERS MUST INCLUDE DATE AND MILITARY TIME
		Wt:_____ kg Ht: _____ cm Allergies:_____ ▲ I certify the need for acute care services. **Admit Type:** ❒Inpt ❒Med Observation ❒Outpt Surg ❒Outpt ▲ **Nursing Unit:** _____ **Isolation:** ❒N/A ❒Airborne ❒Droplet ❒Contact Attending: Team: Senior: Intern: