MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name–last, first, middle; grade; rank; rate; hospital or medical facility)*	REGISTER NO.	WARD NO.

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3–94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–1

MEDICAL RECORD			DOCTOR'S ORDERS *(Sign all orders)*		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				