

Discharge Order Form

Ward: _____

Patient Details

Room: _____

Date / /

Time _____ AM / PM

Place patient's sticker here

Public or Private Patient (please circle one)

Concession / Safety net card number _____

Regular pharmacy (for PRF report) _____

- Profile (_____ number of pages including cover)
- Prescription Medication (see below) Script collected
- Blister (\$12 first pack, \$4 each add)

- Credit Approved Issue Account
- Charge to Health Fund
- EFT sale
- Payment on Collection
- Cash Sale \$ _____ collected

Ready at ASAP 10:30am 12:30pm 2 pm 4pm 6pm Other: _____

Pick up from Pharmacy Delivery to Ward Delivery to Discharge Lounge Bring change \$ _____

Pharmacist	Medication	Directions	CMI
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>