updated 9/10/2010

Patient Label

**Greater New Orleans Surgery Center**

**Ruth Owens, M. D.**

**Physician Orders**

**Patient Name** _____

| DATE | TIME | ORDERS FOR MEDICINES AND TREATMENT |
|---|---|---|
| | | **Procedure:** |
| | | Admit to Dr. Owens |
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**Date** _____

**Physician Signature** _____