KING'S DAUGHTERS MEDICAL CENTER

Taking Medicine Further℠

Physician Name _____

Office Address _____

Office Phone Number _____

Patient Name: _____ Patient Date of Birth : _____

Serum contents (including preservative used): _____

_____

Instructions (including frequency and route of injections): _____

Storage Requirements : _____

Expiration Date: _____

Date	Dosage (cc)	Initials	Arm R or L	Reaction Record according to size in cm or inches
				**reorder

Physician Signature : _____

Date of Order: _____ Time: _____

02/13