

North Bay Regional Health Centre

Faxing Order Form

Call Receiving Dept prior to Faxing and please print clearly

Sending Physician: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Number of pages sent: \_\_\_\_\_

Receiving Hospital Dept: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies:  None Known or: \_\_\_\_\_

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Faxed Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ by: \_\_\_\_\_

DATE AND TIME OF ORDER	Patient Orders	TIME NOTED	INIT

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

## North Bay Regional Health Centre

### **Instructions for Use – RHC 1703 (I) Faxing Order Form**

#### **Physician Office:**

1. Complete “framed” top portion in its entirety.
2. Complete orders. Physician signature and “print name” must be completed.
3. Prior to sending fax, call receiving area to inform them of pending fax.

#### **Receiving Area:**

1. Note date and time when fax received and by whom in space provided.
2. Person receiving notice from physician office of impending fax should:
  - a) be cognizant of receiving fax.
  - b) notify sender that fax not received if fax not received in a “reasonable amount of time.
3. Addressograph upper right hand area if applicable.
- 4. Transcribe orders as per Policy NP 1-11 Transcribing Medication Orders to the Patient Care Plan and MAR.**
5. If medication orders included photocopy/scan to pharmacy.
6. Place original copy in patient chart. File under “Physician’s Order” section in inpatient charts.