☐ **STAT PHARMACY ORDER**
(Place X in Box)

Baptist Hospital of Miami
BAPTIST HEALTH

DOCTOR: PLEASE USE BALL POINT PEN - PRESS FIRMLY

DATE/TIME	TRANSCRIBED BY @ TIME	DOCTOR'S ORDERS
		SUPPLEMENTAL DISCHARGE ORDERS: ACUTE MYOCARDIAL INFARCTION
		1. Discharge patient:
		2. Cardiac rehab for outpatient phase II:
		3. Smoking counseling by Cardiac Rehab
		4. Give patient discharge instructions from Micromedix: Acute Myocardial Infarction or Acute Coronary Syndrome to patient
		5. Follow up cholesterol testing with primary MD
		ACC/AHA Recommended Medications: **ORDERED** (see Physician Discharge Orders) / **NOT** indicated or Contraindicated ASA ☐ ☐ Beta Blocker ☐ ☐ ACEI **OR** ARB ☐ ☐ Statin ☐ ☐

SCANNED
DATE: _____ **TIME:** _____ **INITIALS:** _____

Physician's Signature _____

Print Name: _____ I.D. #: _____

DO #400d (Rev. 1/06)

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