



PHYSICIAN'S ORDERS

See Master Allergy Sheet

ORDERED		THERAPEUTIC SUBSTITUTION ORDER	TIME ORDER NOTED
Date	Time		
		_____ The Pharmacy and Therapeutics Committee has authorized the following therapeutic substitution for the following inhalers (check one):	
		Inhaler	Substitute nebulized medication
		<input type="checkbox"/> Advair Discus 500/50	Arformoterol tartrate 15mcg/Budesonide 0.5mg
		<input type="checkbox"/> Advair Discus 250/50	Arformoterol tartrate 15mcg/Budesonide 0.25mg
		<input type="checkbox"/> Advair Discus 100/50	Arformoterol tartrate 15mcg/Budesonide 0.25mg
		Frequency of nebulized medicine _____	
		Signature: _____	Date/Time: _____

▼ Patient Label ▼



THERAPEUTIC SUBSTITUTION ORDER