HARTFORD HOSPITAL
80 Seymour St. P.O. Box 5037
Hartford, CT 06102-5037

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Check box to initiate order

549005 N06/07

TRANSFUSION SERVICES ORDERS

IMPORTANT
Position patient ID plate so it is to the LEFT of the arrow

ALLERGIC: ☐ NO ☐ YES

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	Transfusion Services:				
	Please draw on admission to Center 8:				
☐	Type and Screen				
☐	Type and Cross				
	Crossmatch for _____# of RBC				

HH Forms 549005 N06/07

PHYSICIAN'S ORDER FORM

6804