

PHYSICIAN ORDER SET REQUEST FORM

1. This form must accompany all order set requests and should be submitted to:

Jessica Morscheck, LMHS Order Set Coordinator
Phone: 419-998-4708
Fax: 419-998-4725
Email: jemorscheck@limamemorial.org
Interoffice Mail: Professional Office Building I-Suite 220

2. **Revisions to Existing Order Sets:** changes are to be printed legibly on the current LMHS physician order set found in PolicyTech. Sign and date the bottom of the order set and submit with this form
3. **Deletions to Existing Order Sets:** Cross out the specific order to be deleted (or name of set if entire set) and print "Delete" legibly on the current LMHS physician order set found in PolicyTech. Sign and date by the "Delete" notation and submit with this form.
4. **New Order Sets:** Submit as a typed Word document without abbreviations, sign and date the bottom of the proposed order set, and submit with this form.
5. All requests will be categorized with patient safety as the first priority and will be addressed in the order received thereafter.
6. Order set development and revisions may at times undergo production prioritization to accommodate organizational needs which may delay order set production/revision times.
7. New order sets or order sets with major revisions will be submitted to the Physician Order Set Group for review. If changes are required they will be made and the revised order set will be forwarded to the requesting physician's office for final approval and signature before the order set can be made active. Physicians may contact the Order Set Coordinator by phone at **419-998-4708** to set up an appointment to review the order set in Meditech or with any questions.

Date of Request:	
Request Type:	<input type="checkbox"/> New Order Set <input type="checkbox"/> Order Set Revision <input type="checkbox"/> Order Set Deletion <input type="checkbox"/> Other (explain): _____
Order Set Name:	
Physician(s) Making Request:	
Contact Information (include all, check preferred method):	<input type="checkbox"/> Phone: _____ <input type="checkbox"/> Fax: _____ <input type="checkbox"/> E-mail: _____
Priority:	<input type="checkbox"/> Emergent (Patient Safety Issue)-One Week <input type="checkbox"/> Regulatory (Best Practice, CMS, TJC Requirements)-One Month <input type="checkbox"/> Routine-Two Months
BELOW SECTION FOR ORDER SET COORDINATOR OFFICE USE	
Date Request Received:	
Order Set Estimated Completion Date:	
Actual Completion Date:	
Date Submitted to Physician Order Set Group (if applicable):	
Date Approved by Physician Order Set Group (if applicable):	
Date Physician(s) Notified of Changes/Completion:	
Notes:	