

Patient Label

Drug Allergies:			
Date	Time	Physician's Orders	Nurse's Initials
		<b>M.E.C. Approved Renal Dosing Program</b>	
		Scr = _____ CrCl = _____	
		The following medication order:	
		Has been changed to:	
		Renal Dose Adjustment has been reviewed and approved by the Medical Executive Committee (M.E.C.)	
		Per M.E.C./ _____, Rph.	
		Any questions, please contact _____ (pharmacy) _____ (phone number)	
		PLEASE NOTE: This is a medication clarification order form.	
		Please place in the Physician's Order Section of the patient's chart.	