



Name:

MR#

(Please affix label or print)

NS:

Service/Dr:

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PRINCIPAL GUIDELINES TO FOLLOW.

1. Include form title (centered). Keep to five words or less whenever possible.
2. Use standardized terminology in wording instructions. (*See Unapproved abbreviations list*)
3. Arrange items on the form in proper sequence based on patient care
4. Allow sufficient spacing for the method of fill in (manual or machine) Do not crowd lines on page
5. Allow sufficient spacing of 1" inch on the bottom right of page to accommodate a 2" wide barcode.
6. Keep the design simple. Eliminate unnecessary information and lines
7. Paper size -It is recommended that the form measure 8 1/2" x 11"
8. Paper color -indicate preferred color. (For future imaging / scanning purposes use white paper)
9. Margins -must include at least three- quarters (75) of an inch margin on left side for two hole- punches.
10. Include lines for Printed name, signature, credentials, date and time for all forms. If form is to be countersigned by Attending, make those lines available.

