Chariton Valley Association
Physician's Orders and Changes to the Physician's Orders
Training Record

Physician's Orders from:_____ To:_____

Consumer's Name:_____

I have read and understand the current physician's orders, changes to the physician's orders, physician order addendums, the MAR, and side effect sheets to include the intended effects, contraindications, and side effects of all medications.

Changes in Medications:

Sign and date when you read the new physician's orders and date after your signature when you read the changes made to the current orders.

Signature Date