
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Pregnancy Test Standing Order

Today's Date:	Client Name:
Client Number:	Client DOB:

Subjective: Pregnancy Test Standing Order as ordered by:

Alexandra Miller, APRN, FNP-BC

Signature: *Alexandra Miller APRN FNP-BC*

Plan: Multiple pregnancy tests as needed/indicated throughout treatment

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This order is valid until revoked by the ordering physician.

Revised: 08/08/2018/AD



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