



Hilton East
231 East Avenue
Hilton, NY 14468
585-392-7171 (p) 585-392-3631 (f)

Telephone Order

Doctor Name: _____

Patient Name: _____

Telephone order: Name of medication, dose, route, frequency and diagnosis.

_____ UAS for ALP admission Due ASAP. _____

Person Taking Order: _____

Date and Time of Order: _____

Patient DOB: _____

Patient Allergies: _____

MD Signature: _____

To attain compliance with the NYSDOH, this order must be signed and faxed back to us within 7 days.

Thank you for your prompt attention