(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- **(√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.**
- **Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made**
- **Initial each page and Sign/Date/Time last page**

Diagnosis: _____
Allergies with reaction type:_____

OUTPATIENT BEHAVIORAL HEALTH **Version 9 05/14/2014**

Admit for outpatient_____psych or _____addiction treatment services

_____Partial Hospitalization – Full Day

_____Partial Hospitalization – Partial Day

_____Intensive Outpatient Services (IOP)

_____Outpatient (Level I) Services

_____ACT Services

_____MIP Services

_____Assessment/Evaluation

Diagnosis:_____

Prepared by:_____

Provider Signature:_____Date:_____Time:_____