

ORDERING PHYSICIAN/NON-PHYSICIAN SIGNATURE LOG

Please provide your signature and initials for validation of electronic orders and handwritten signatures.

Practitioner's Printe	ed Name:				
Credentials: (circle)	MD	DO	CRNP	APN	PA
NPI#:					
Initials					
Signature: (no stamp s	signatures are	acceptable):			

FORM REVISION: 11/2021