FLORIDA DEPARTMENT OF JUVENILE JUSTICE

# PRACTITIONER'S ORDERS

This form is for Physicians, PAs, and ARNPs to write orders for the nursing staff.

**NAME OF YOUTH:** _____ **DJJID#:** _____

**FACILITY NAME:** _____ **DATE OF BIRTH:** _____

**ALLERGIES:** _____

| DATE | TIME | ORDERS | INITIALS |
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**ALL ENTRIES MUST BE SIGNED AND DATED.**