

# Medical Directive &/or Delegation Template

Template for Use by Physicians or Authorizers **with** Ordering Authority

Title: \_\_\_\_\_

Number: \_\_\_\_\_

Activation Date: \_\_\_\_\_

Review due by: \_\_\_\_\_

## Sponsoring/Contact Person(s)

(name, position, contact particulars): \_\_\_\_\_

<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Title:</b>
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Title:</b>
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Title:</b>
<b>Indications:</b>          <b>Contraindications:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Title:</b>
<b>Consent:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Title:</b>

<b>Guidelines for Implementing the Order / Procedure:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>
<b>Documentation and Communication:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>
<b>Review and Quality Monitoring Guidelines:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>
<b>Administrative Approvals (as applicable):</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>
<b>Approving Physician(s)/Authorizer(s):</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Title:</b>