



Subject: Verbal Telephone Order (VTO)

Use this form to transcribe the prescriber's VTO immediately and fax to Hartzell's at (610) 264-3048. To prevent delays in initiating this order, please complete all fields. Any omission of information may delay the pharmacy's ability to process the prescription in a timely manner. VTO from nurses for controlled substances can not be accepted by the pharmacy per federal regulations. Please have the prescriber call the pharmacy directly at (610) 264-4736.

Patient:	Date of Birth:
Facility	Room:
Medication:	Strength:
Directions:	
Quantity:	Refills:
Diagnosis:	
Prescriber Name:	<input type="checkbox"/> CRNP <input type="checkbox"/> DO/MD <input type="checkbox"/> PA <input type="checkbox"/> Other
Phone:	Fax:

I certify the above order was taken from the prescriber indicated above in compliance with current regulations in the Commonwealth of Pennsylvania and my facilities policies and procedures:

Facility Nurse (print): LPN RN Signature:

Date / Time Order Taken: Phone:

*Prescriber counter-signature is a legal requirement for the order to be valid in the Commonwealth of Pennsylvania. Orders that do not get the prescriber's counter-signature with in a 120 hour window will be discontinued by the pharmacy as an invalid order. It is the responsibility of the nurse receiving the VTO to obtain the counter-signature in the specified period of time.

***Counter-Signature:** **Date:**