

ALL FIELDS ARE REQUIRED UNLESS OTHERWISE INDICATED

**Order Set Title** [Specialty] [Condition] [Procedure/Event] [Stage/Phase] [Additional Info] (Patient Group)

**Request Type**

- New Order Set
- Change to existing
- Three-year review/Expired
- Removal

**Primary Author(s): Name and Title**

1.	3.
2.	4.
3.	6.

**PT&N Presenter: Name and Title (should be a member of Primary Author group)**

**Background (reason/rationale for order set or change)**

**All Reviewing Stakeholders: Name and Title**

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

**External Stakeholders (ex. Child Health BC) (OPTIONAL FIELD)**

1.	3.
2.	4.

**Communication & Education Plan: How will this information be shared with staff?**

- Eduquick/In-service     Practice Update Notice     Email dissemination
- Other: \_\_\_\_\_

**Keywords: Indicate search words to assign to this document when posted to ePOPs**

**Program/Service Medical Director**

Medical Director Approval    Medical Director Name: \_\_\_\_\_