

Sunrise Order Set Requisition Form

Order Set Creation, Modification or Confirmation of Review

1. Date (yyyymmdd): \_\_\_\_\_
2. Name/Title of person requesting order set: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Office Phone Number: \_\_\_\_\_
5. Print Name of UHS Faculty approving order set: \_\_\_\_\_
6. Name of Order Set: \_\_\_\_\_  
(Limit One order set per requisition form)
7. Action:
  - Reviewed, no changes needed
  - Reviewed and modifications needed (please send attachment with modifications)
  - New Order Set Request (please send attachment with specifications)

(Check if new)  I have reviewed the currently available order sets and believe that it would be appropriate to create this new order set instead of modifying an existing order set.

This order set conforms with evidence based practice patterns within this specialty.

\_\_\_\_\_  
Faculty Signature and Date

Office Use Only: Order Set creation Date: _____ Order set revision Date: _____ Order Set Entered by: _____
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Fax to 644-0372

Attention: Director, Clinical Systems