

# Standing Orders Form

Once signed and dated by both the physician and the licensed practitioner this document must be sent on or before **October 15th** of each year to DHSS\_DPH\_SBHC@delaware.gov.

Standing orders are required for each physician assistant, if applicable, at site.

Vendor Name: \_\_\_\_\_

SBHC Name: \_\_\_\_\_

Full Name of Physician Assistant: \_\_\_\_\_

Name of Physician signing this document: \_\_\_\_\_

Physician is certified as a: \_\_\_\_\_

Standing Orders must be signed by the PA-C and authorizing physician each year. If there are any changes in medical protocol, such documentation should also be submitted to DPH so that those changes can be included in the center's Policy and Procedure's Manual that DPH has on file.

There are no changes to the Standing Orders dated: \_\_\_\_\_

There are changes (documentation should be included so that DPH will include those changes in the center's Policy and Procedure's Manual that DPH has on file) to the Standing Orders

Effective date \_\_\_\_\_

Licensed Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_