

<STANDARD ORDER NAME>

<Standard Order Description of actions>

<side note, if required>

Please send the completed form and any required attachments to [EMRStandardOrders@vch.ca](mailto:EMRStandardOrders@vch.ca)

**REQUESTER INFORMATION**

*All fields are mandatory*

Date Submitted (dd-mmm-yyyy):

Requester Name:

POS Name:

Requester Role:

Contact (Phone or Email):

Approved By:

*(Name of Manager/Delegate)*

**STANDARD ORDER INFORMATION**

\* = *Mandatory fields*

Reason /  
Comments:

<STANDARD ORDER NAME>

<Standard Order Description of actions>

*<side note, if required>*

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STANDARD ORDER INFORMATION (CONTINUED)

\* = *Mandatory fields*