



**Brevard County TRIAD, Inc.
Project Lifesaver Program**

PHYSICIAN'S ORDERS

Patient Name: _____

Diagnosis: _____

Physical Limitations: _____

Is this patient able to fully communicate their name and address?: Yes No

Notes: _____

PHYSICIAN INFORMATION

Physician's signature: _____

Date signed: _____

Physician's Address: _____

Physician's Phone: _____

Please complete this form in its entirety.

**Brevard County TRIAD Inc.
P.O. Box 410518
Melbourne, FL 32941-0518
Phone: 211 or (321) 632-6688**

**If an existing diagnosis is
not currently
documented, Physician's
Orders are required and
MUST BE DATED
WITHIN 30 DAYS of
receiving a Project
Lifesaver bracelet**