**Date Of Submission**

Click or tap to enter a date.

**Submitting Provincial Clinical Service or Provincial Program**

**PCS/Program Name**:

**Intended Clinical Order Set Title**

**Title**: (Program/Condition/Procedure/Event)

**New or Change to Order Set** Choose an item.

**Primary Author(s)**

**Provincial Clinical Service Lead Name**:

**Medical Provincial Clinical Service Lead Name**:

**Pharmacist Name(s)**:

**Additional Health Professional Name(s)**:

**Background Information – Rationale for Development or Change**

**Stakeholders Identification**

**Internal Healthcare/System Stakeholders** (e.g. ER Physicians, Pharmacy, Physiotherapy)

**External Stakeholders** (e.g. Patient advisors)