Department of State Health Services
Standing Delegation Orders and Services
Standing Medical Orders and Services
Issued by the Regional Director
Health Service Region (HSR) ____

HSR Address: _____
City: _____ TX Zip: _____
Phone: _____

Cover Sheet

For: Tuberculosis Services

Effective Date: _____Through_____

Authorizing Physician: _____

Signature: _____ Date: _____

Emergency Contact Information: _____

Staff authorized to perform the Standing Delegation Orders and Services:

Name/Title	Signature	Date