|  |
| --- |
| Practice Site Location(s) |
| [ ]  VUH | [ ]  Children’s | [ ]  DOT | [ ]  VMG Off-site locations  | [ ]  VMG | [ ]  VPH | [ ]  Other |
| Developed & Approved by: |
| Name: <insert name of primary supervising physician here>Title: Supervising Physician |
| <insert team name here> APRNs/PAs assigned to this protocol in the VUMC Protocol Warehouse |

The Supervising Physician and the Advanced Practice Group have reviewed the following reference text and agreed to utilize for the management of:

<List indications for use of the text>

<Insert reference text using APA Format.>

 (For assistance, visit <http://owl.english.purdue.edu/owl/resource/560/01/>)