Rm _____ Pt _____ Doc _____
CC _____
Other Cond _____

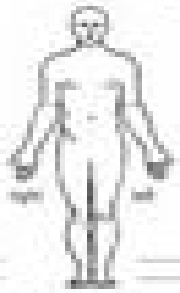
Shift Notes _____

Labs: K ___ HGB ___ Bun ___ Cr ___

Pt ___ BP ___

BP _____ HR _____
Blood Glucose ___ Pt Gluc _____

Physician _____ ACCUCHECK
Name _____ Blood _____
Age ___ Sex _____ Urine _____
Chief Complaint _____ Stool _____
Chief Complaint _____ Vomit _____
Allergies _____ Other _____
Medications _____
Vital Signs _____
Vital Signs _____
Vital Signs _____
Vital Signs _____



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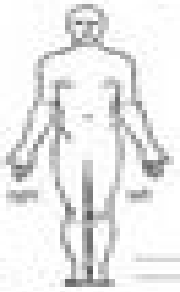

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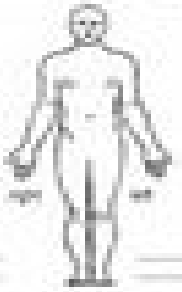

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