

E-Check (and Daily) Record			
E-Check's Name		Phone	
Breakfast	_____	Time	_____
Mid-Meals	_____	Time	_____
Lunch	_____	Time	_____
PM Meals	_____	Time	_____
<b>Notes</b>		<b>Signs</b>	
Person A	Time	_____	_____
Person B	Time	_____	_____
Person C	Time	_____	_____
Person D	Time	_____	_____
<b>Signs</b>			
Time	PM	PM	AM
Medication Frequency Transcription Page			

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