

Room #	TX:	Neuro:	T:	T:	
Name:		Resp:	P:	P:	
DX:		CardioVasc:	R:	R:	
REPORT	MED'S	Extremities:	BP:	BP:	
		GI / GU	Intake:	Output:	
		Skin:	TO DO / CAREPLAN		
		Pain:			
MD'S	IV's	OTHER:	TEACHING:		
ALLERGY					
ACTIVITY					LABS
DIET					

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