

Allergies:		Rm.
Name:		Age:
Dx:		
Dr./Consults:		
Admit date:		Code:
HX:		
BPs:		
Temp:		
Resp:		
Pulse:		
Pulse Ox:		
O2:	SVNs:	
Wt:	I/Os:	
Diet:		Act.
Labs:		
Diagnostics:		
Misc.		

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IV:		
Start Date:	Site:	
Accuchecks:		
Surgery:		
Equipment:		
Dressing:		
Drains:		

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