

Room: _____ Name: _____

Code Status: _____ Allergies: _____
DX: _____

Mental Status:

VS: 8A 12P 16

BS: Bfast: Lunch: Din:

Neuro:


Resp:

Cardiac:

Mus/Skel:

GI/GU:

Skin:

Labs: 

New Orders:

8	
10	
12	
14	
16	
18	

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