

CLINICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

**NURSE'S
SIGNATURE**

The doctor shall record date and time for each set of orders.

Authorization is given for administering by non-proprietary name unless checked opposite drug in column indicated by arrow

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
				a.m.	p.m.	
NURSING UNIT						
ROOM NO.						
BED NO.						
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
				a.m.	p.m.	
NURSING UNIT						
ROOM NO.						
BED NO.						
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
				a.m.	p.m.	
NURSING UNIT						
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