| LAST NAME | | | | FIRST NAI | ME | | | | | MIDDLE INIT | TAL | ID NUI | MBER | | | | |
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| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) | | | | | | | | | | | | | | |
| DATE | DATE HOUR A.M. P.M. | | | OBSERVATIONS Include medication and treatment when indicated | | | | | | | | | | | | | |
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