Patient's Name:							COUNTY HOSPITAL					
Date:	Hosp. #						EMERGENCY ROOM RECORD SUPPLEMENTAL PAGE II					
NURSE'S NOTES:												
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DRUGS ADMINISTERED					ED)				NOTIFIED TIME		
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										() Soc	ial Services	
										() Mer	ntal Health er	
											LES GIVEN	TO: ()Family
										() Poli	ce 	() Coroner

NURSE'S SIGNATURE:_____