Your Hospital's Logo Here

CRITICAL CARE / INTERMEDIATE CARE LOG

DATE	TIME AM PM	PATIENT NAME (Place ADDRESSOGRAPH label in space below)	AGE	SEX	ORIGIN of PATIENT	ADMIT CONDITION	PHYSICIAN	DIAGNOSIS	SPECIAL PROCEDURES / TELEMETRY (2S)	D/C DATE	TIME AM	DISPOSITION
	АМ											
	РМ											
	АМ											
	РМ											
	АМ											
	РМ											
	АМ											
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