Memorial Hospital

DATE

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IMPRINT WITH PATIENT LABEL

PATIENT PRN / STAT MEDICATION SHEET

ALLERGIES:

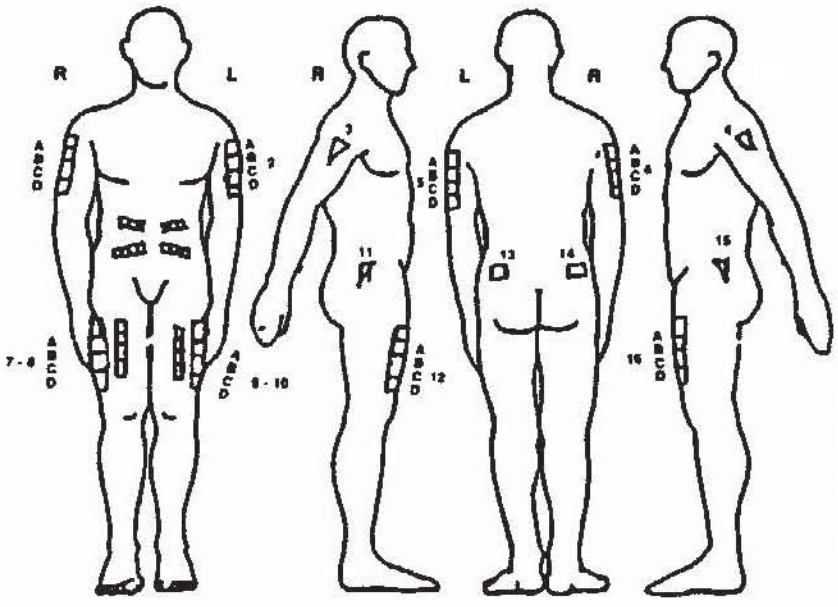
ORDER DATE	EX DATE	INITIALS	MEDICATION AS ORDERED	DATE	TIME	INITIALS	SITE	DATE	TIME	INITIALS	SITE	DATE	TIME	INITIALS	SITE	DATE	TIME	INITIALS	SITE

STATS / SINGLE / AD DOSE

ORDER DATE	EX DATE	INITIALS	MEDICATION AS ORDERED	DATE	TIME	INITIALS	SITE	DATE	TIME	INITIALS	SITE	DATE	TIME	INITIALS	SITE	DATE	TIME	INITIALS	SITE

INITIALS	FULL SIGNATURE	TITLE	INITIALS	FULL SIGNATURE	TITLE

CODE FOR INJECTION SITES



ABDOMEN

E F G H I J

K L M N O P Q R

INIT	FULL SIGNATURE	TITLE