Memorial Hospital

DATE

IMPRINT WITH PATIENT LABEL

PATIENT MEDICATION SHEET

ALLERGIES:

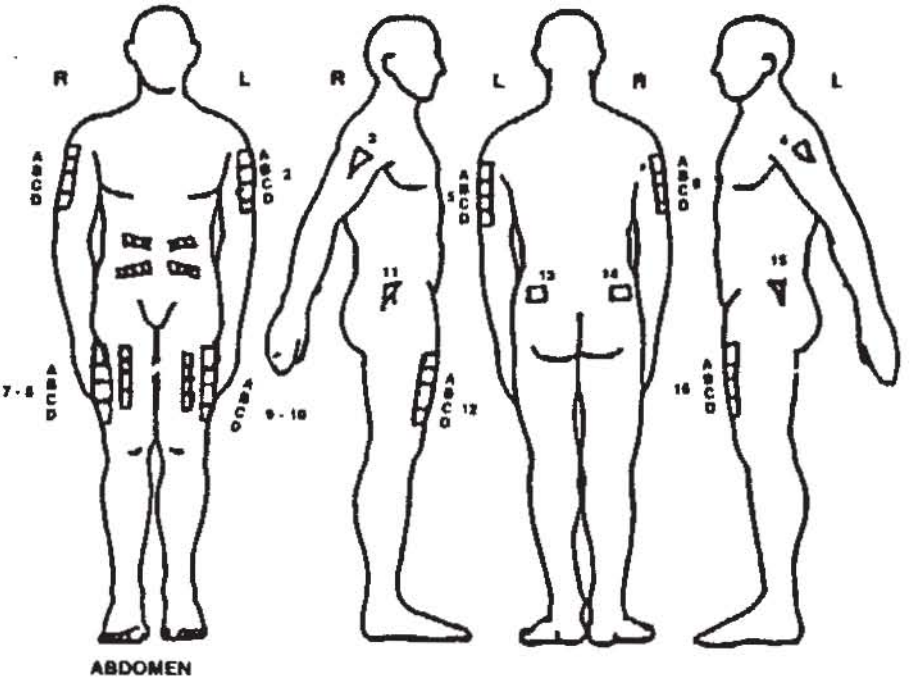
ORDER DATE	EX DATE	INITIALS	MEDICATION AS ORDERED	DATE/ TIME													

NPO - NOTHING BY MOUTH REF - REFUSED

D/C - DISCONTINUED SA - SELF ADMINISTER OR - BY OB

INITIALS	FULL SIGNATU	TITLE	INITIALS	LL SIGNATURE	TITLE

CODE FOR INJECTION SITES



ABDOMEN

E F G H I J

K L M N O P Q R