



Health

FAMILY NAME FITZPATRICK MRN N0XXXXXX

GIVEN NAME HENRY MALE FEMALE

D.O.B. 14 / 09 / 38 M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility:

PROGRESS / CLINICAL NOTES

Date and Time (use 24 hr clock)

Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

14/9
0800

Nursing - admitted for US guided biopsy of prostate. Appropriately fasted, Taken own meals this AM. Nil concerns. Await Admission by JMO. Obs stable *[Signature]* (RN)



SMR050001

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606513 301213

AMO _____ I attest that I have reviewed the notes (signed) _____ Date _____

WP17-51-CM.....PM

NO WRITING

PROGRESS / CLINICAL NOTES

SMR050.001