



Health

FAMILY NAME	PIERCE	MRN	000 0000
GIVEN NAME	REBECCA	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	18 / 04 / 1971	M.O.	DR CROZIER
ADDRESS			
LOCATION / WARD			
SURGICAL WD			
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.

01.07.18
0900

Nursing: Mrs Pierce has been admitted for laparotomy. Blood for RBC, UEC have been taken by collector. Patient has been taking normal meals until 10.00pm previous day. Fasting for 6 hours (NBM) obs - within SAGO limits. Surgical JMO will be contacted to complete admission of patient.

M Thomas RN
M. Thomas RN

AMO

I attest that I have reviewed the notes (signed)

Date

NO WRITING

WPOI-SI-CMOZPN

Page 1 of 2



SMR050001

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

NH606513 301213

PROGRESS / CLINICAL NOTES

SMR050.001