

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN <i>(MEDICATIONS)</i>					Mo. _____ Yr. _____											
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES				Date to be Given	Time to be Given	Time Given	Initials									
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Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	<i>INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION</i>															
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