

		Month						
Sun	Mon	Tue	Wed	Thu	Fri	Sat		
1	2	3	4	5	6			
7	8	9	10	11	12	13		
14	15	16	17	18	19	20		
21	22	23	24	25	26	27		
28								

Today's Date:



Room #: :
230



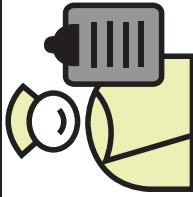
Telephone #:
918-421-8230



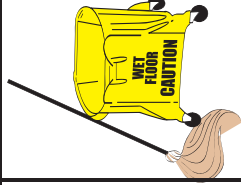
Nurse:



Physician:



Assistant Nurse:



Housekeeper:



Information/Notes:



Today's Plan:



Case Manager/Social Worker:

Pain Goal:

Our goal is to provide 5-Star medical care! If at any point you cannot rate your stay a 5, please notify the charge nurse or nurse manager.

Planned Discharge Date:

