



ST. VIN
MEDICAL C

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Room #:

CENT

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Welcome To S
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Telephone #:

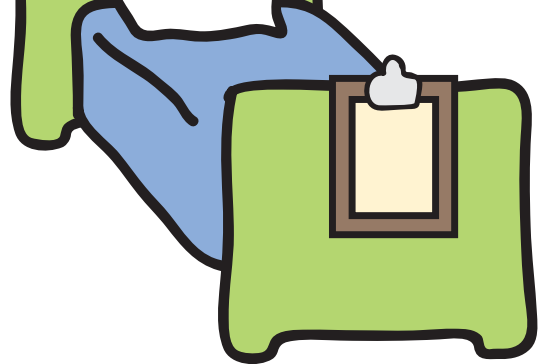
010 404 5111

St Vincent Medical Center
g **Very Good Care**
mpassionate Service

ay's Date:

Housekeeping: Ext. 5720

Maintenance: Ext. 7152



631



Nurse:

Your Plan Of Care/ Q
Family Contact Info



213-484-7111

Ext:7631



Assistant Nurse:

Questions You Have/
Information:

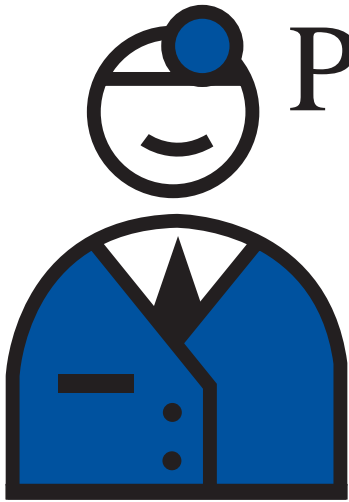
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Maintenance: Ext. 7152
Food Service: Ext .7123



Physician:

Communication Alert:

Hearing Impaired

Vision Impaired

Speech Impaired

Primary Language:

**Day Shift
Report**

8 AM

2 PM

3 PM

9 PM

10 PM

Pair



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9 AM	10 AM	11 AM
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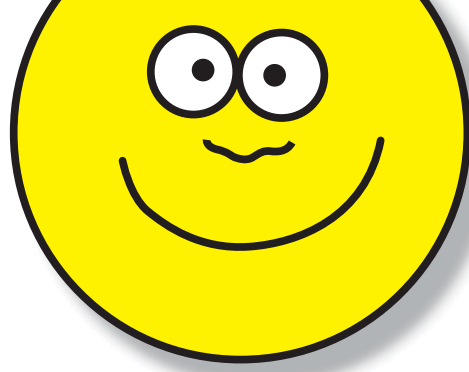
4 PM	5 PM	6 PM
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12 AM	2 AM	4 AM
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Management is OUR Goal!

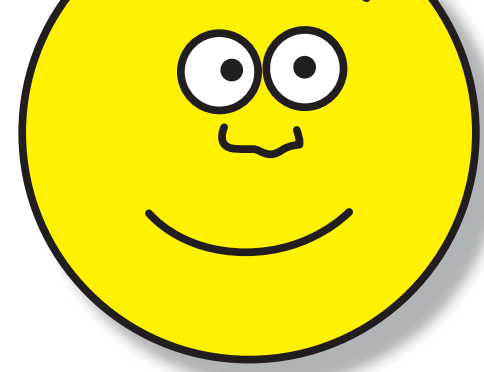


AM	12 PM	1 PM
PM	Night Shift Report	8 PM
AM	6 AM	

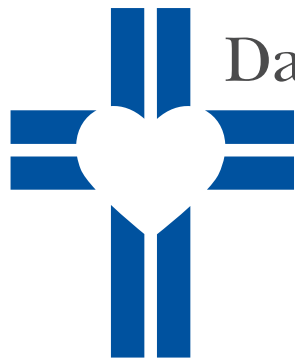


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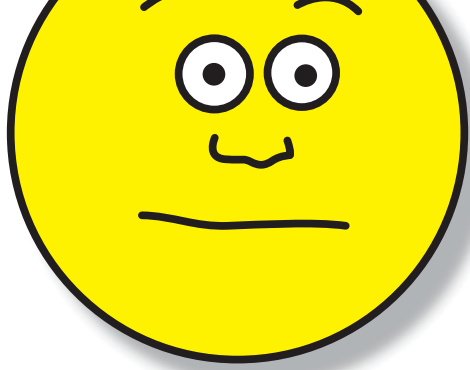


2



Daughters of Charity
Health System

* Clean only with soap & w



3

4

5

6

7

8

Thank you for choosing St Vincent Medical Center. As part of the Patient Satisfaction Survey you will receive, we will ask you to rate your experience. For any comments please call the Nursing Manager.

Use only water, Expo cleaner, Windex or Isopropyl alcohol. Do not use other cleaning products.



Goal



9

10

enter. Please take the time to complete
e at your home after discharge.

nager at _____

er cleaners or disinfectants! *