

— 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:

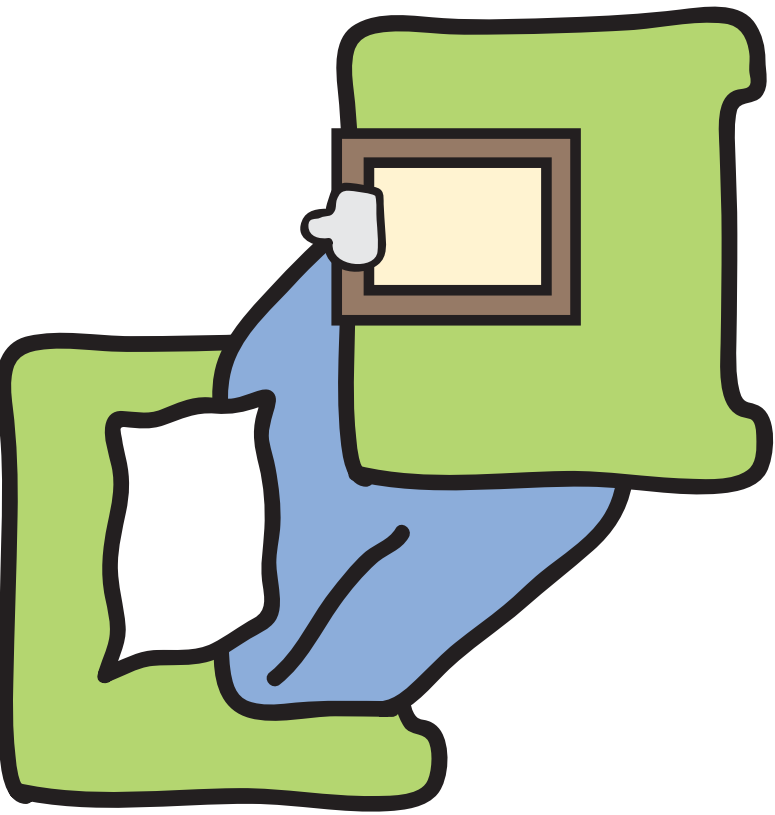


McAlester Regional F

AHC

Health Center

E



I



Room #: :

230

Nurse: .

Telephone #:

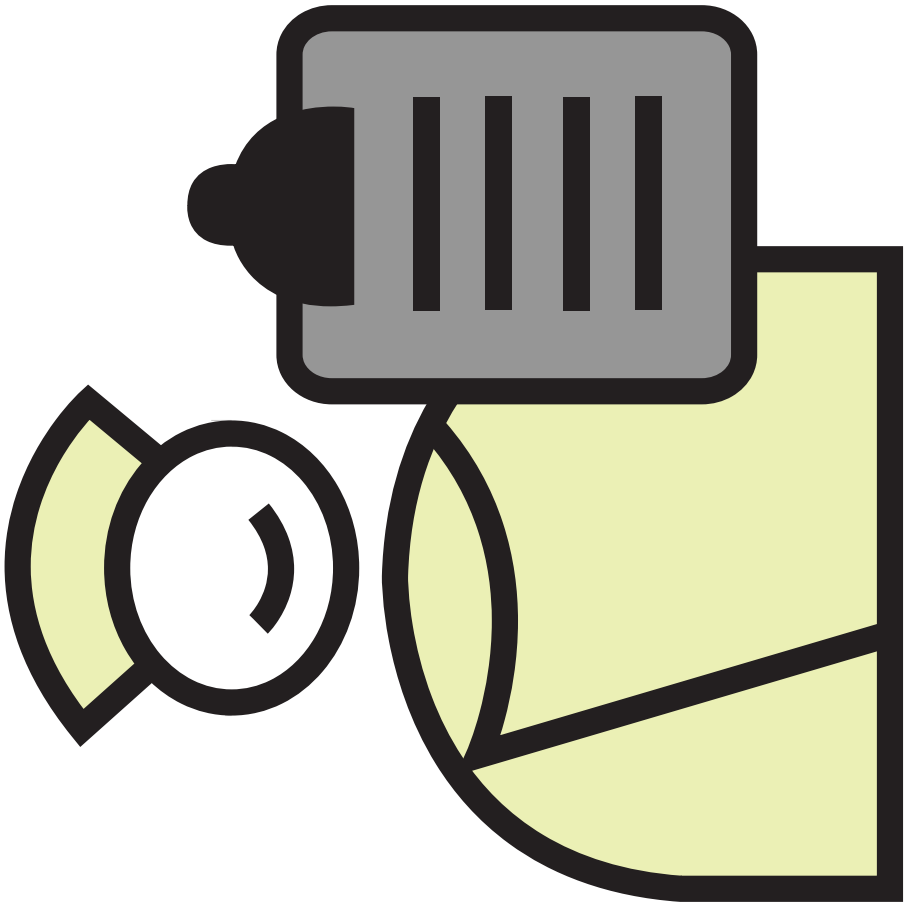
918-42



Physician:



21-8230



Assistant Nurse:

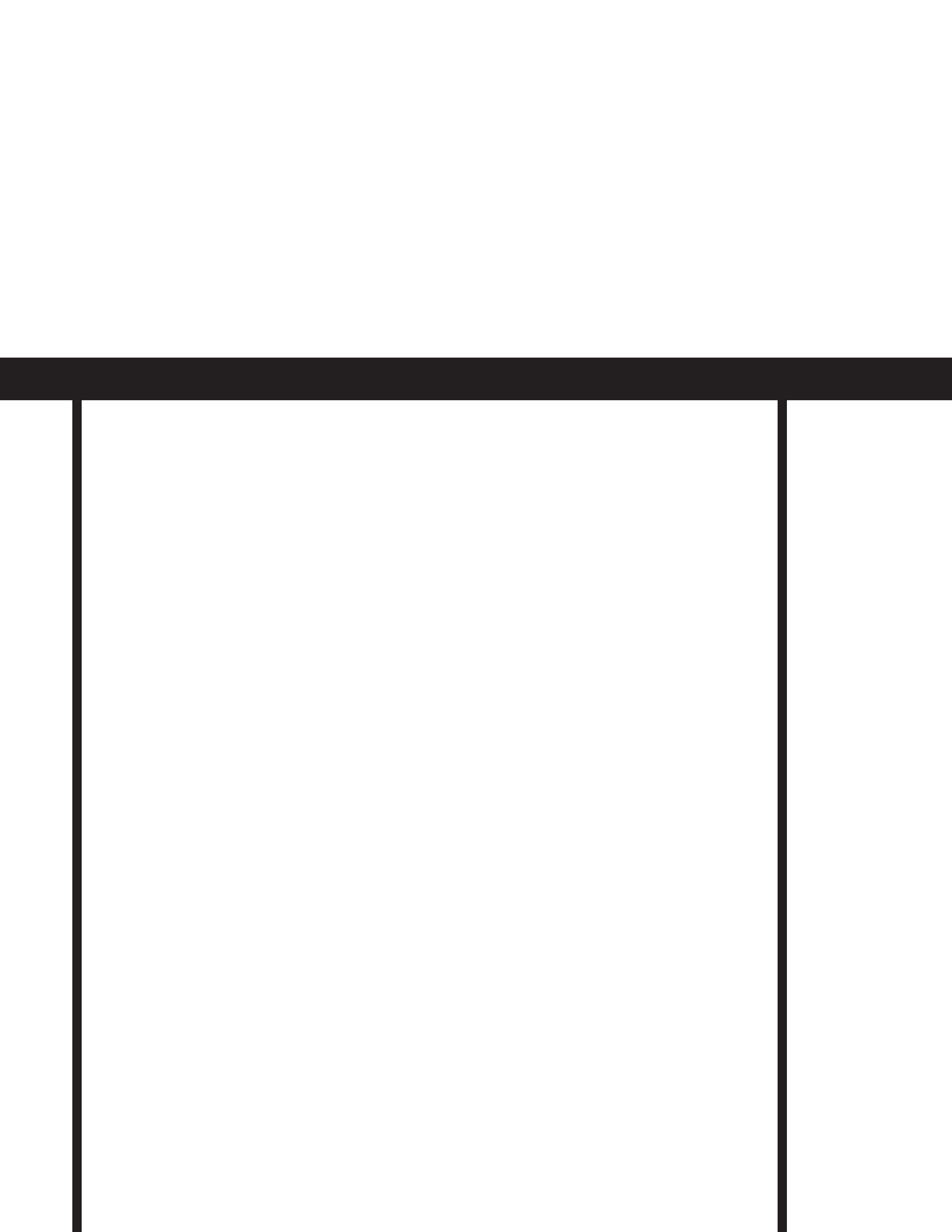
Information/Notes:

Housekeeper:



Today's Plan:

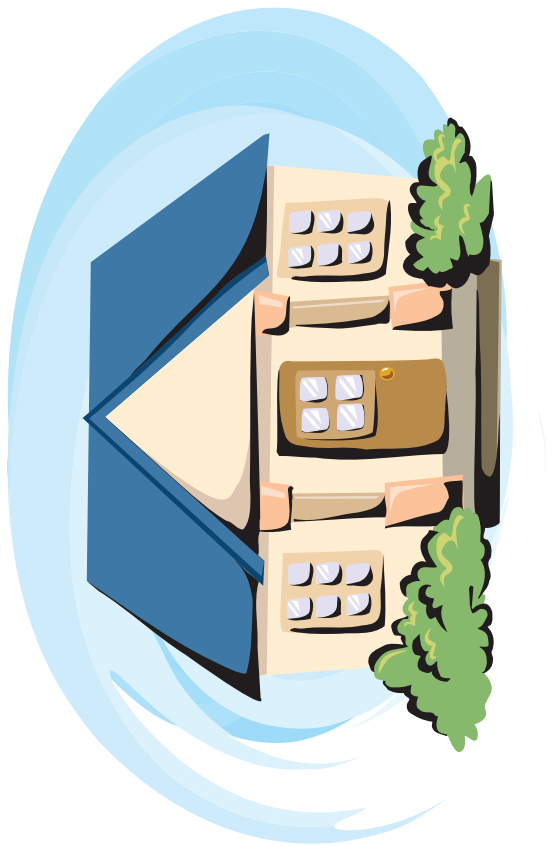












Case Manag

er/Social Worker:

Our goal is to provide 5
care! If at any point you c
ate- 5 al ce s if- 4

Pain Goal:

**-Star medical
cannot rate your**

Planned Dis

* Clean or

charge Date:

only with soap & water, Expo cleaner, Windex or Isopropyl

stay a 3, please notify the
or nurse mana



alcohol. Do not use other cleaners or disinfectants! * f

e charge nurse

ger.



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