SURGERY / PROCEDURE

ANALGESIA/OTHER TREATMENTS

PI	ROOM		DRUGS & DOSE	
CONTACT	PHONE		AM/PM INITIALS	
EMAIL ADDRESS			DRUGS & DOSE	
SURGERY/PROCEDURE	PERSON PERFORMING PROCEDURE	DATE:	DOSE AM/PM INITIALS	
			DRUGS & DOSE DOSE	
			DRUGS & DOSE DOSE AM/PM INITIALS	
			DRUGS & DOSE DOSE AM/PM INITIALS	