

Rainbow  
Ch:  
Ho

ANC-00010842

IP28-00004576

Mrs KAVITHA

05-11-1996

29 Y 7 M 11 D

(F)

Dr. ANURADHA P V

### DISCHARGE TRACKING SHEET

UHI



CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		17/6/26 @ 11:30am		
Activity Sheet updated by Pharmacy		7:05 Am	J.P.M.	

ANC-00010842 IP28-00004576  
 Mrs KAVITHA  
 05-11-1996 29 Y 7 M 10 D (F)  
 Dr. ANURADHA P V



**OR BILLING**



Name .....

UHID No: 10842 IP No: 4576 Consultant: Dr. Anuradha Dept: OBG

Date of Admission: 15/6/26 Time: 10.30am Date of Discharge: ..... Time: .....

Room / Bed No: COR Ward: ..... Suggested Billable bed type: .....

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
15/6/26	11 AM	LDR	OT I	Prasanna
15/6/26	12.20 pm	OT - I	POST OP	[Signature]
15/6/26	3pm	POSTOP	MOR	[Signature]

**CROSS CONSULTATION VISIT**

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				







ANC-00010842 IP28-00004576  
Mrs KAVITHA  
05-11-1996 29 Y 7 M 10 D (F)  
Dr. ANURADHA P V



### SURGERY DETAILS

Date : 15/06/26  
Patient Name: Mrs. Kavitha Date of Birth: 05/11/1996 Age: 29yrs  
Gender: Female Ward: M-floor UHID No.: 10842/4576  
Date of Surgery: 15/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery: Emergency LSCS

Time in : 11:15 PM

Time Out : 12:15 PM

	NAME	AMOUNT
1. Surgeon	Dr. Anuradha	
2. Anaesthetist	Dr. Karthiga	
3. Assistant Surgeon	Dr. Alsharifa	
4. OT Technician	Mr. Rishi / Mr. Senthil	
5. Circulating Nurse	S/N Shankari	
6. Assistant Nurse	S/N Kowsiree	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

For sig  
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 10842

Order by: [Signature]

**SURGERY DETAILS**

Patient Name: Mr. S. Srinivas  
 Ward: 101  
 Date of Surgery: 15/11/2011  
 Name of the Surgery: Transurethral Prostatectomy

Time in: 11:30 AM

PATIENT

NAME

- 1. Surgeon: Dr. Srinivas
- 2. Anesthetist: Dr. Srinivas
- 3. OT Technician: Mr. Srinivas
- 4. Circulating Nurse: Ms. Srinivas
- 5. Assistant Nurse: Ms. Srinivas

- Laparoscopy
- C-ARM
- Neuro Cuss

Signature of the Surgeon: Dr. Srinivas

Signature of the Anesthetist: Dr. Srinivas

Order No: 100/11/11

LSU  
**CONSUMABLES OF OT**

Circulating staff: J. Shanker Technician: Mr. SUMITH Date: 15/6/26 Time: 11:20A

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSU		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads: (A) P/N		03	2347		01	Suction Catheter		
HME filter: A/P/N			2421		01	Feeding Tube	6F	01
Syringes: 10 cc		02+1	A242		01	Vaccum Suction Set		
05 cc		04	Gloves P.F b/D		01	Surgical Gloves		
02 cc		01	S.C b/D		01	Gauze Pack		
01 cc		01+1	P.F b 1/2		01	Syringe 1ml/2ml 20ml		01
Cautery plate (A) P/N		01	Surgical blade 22		01	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		03+1	Cautery pencil		01	Mucocler		01
NS: 10ml / 100ml / 500ml / 1000ml			Koochies			Emerald syringe 5ml		01
INI: Ffipress		02	Ointments			Mozolam		01
INI: Evotocin		05	Suction Catheter			Lox 2x		01
Fentanyl			Cap, Mask			Lox Jelly		01
Morphine			Gauze Pack		01	spinal needle		01
Ketamine			Mop Pack		02+1	850 (CO) T		
Propofol			Steristrip			Bulpsucker		
Rocuronium			Underpad		02	OP-PRJ		01
Glycopyrolate			Draw sheet			F-1/2 P/P		02
Myopyrolate			Abgel			F.O S.C		01
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol: 80mg / 250mg / 170 mg			Double J Stent					
Supridol: 100mg			Vaccum Suction set		01			
Justin: 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		01			
Tab. Misoprost: 200mg			Betadine Solution		02			
INI: BioAMIC		03	Microshield					
(A) O2 mask		01	Cotton Balls					
Anawin heavy		01	Latex Gloves		15 pair			
Rupigecic		01	Ramdione Scrub					
spinal needle 25G (A)		01	Saral					

Dr. Anuradha  
 Surgeon

Dr. Karthikeya  
 Anaesthesiologist

Nurse  
 [Signature]

[Signature]  
 OT Technician

Order No.: ..... Ordered by: .....  
 Doc. No.: RCH / FRM / GENERAL / 125



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,  
Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004576	Ward	5F-PRE/POST
Patient Name	Mrs KAVITHA	Bed Name	PRE & POST OP 504
Age/Sex	29 Y 7 M 10 D / Female	Order No	28-0000150425
Date	15/06/2026 12:45	Prescription No	PRIP28-0070705
Payor	SELPAY	Dispensed Date	15/06/2026 12:46
UHID	ANC-00010842		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
	DISPOSABLE APRONS STERILE XL	Mediblu		PARCH1010526	04/29	1	100.00	100.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	4	100.00	400.00
4	KLICK CLAMP	ROMSONS		0G251040080	08/30	1	39.00	39.00
5	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
6	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	3	850.00	2,550.00
7	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
8	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260301051T	03/29	2	128.00	256.00
9	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
10	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
11	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
12	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	26010031T	01/29	1	117.00	117.00
13	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
14	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260109S	01/31	1	223.00	223.00
15	UNDERPADS CARE 60 X 90 ( FRIENDS)			000100500720	12/30	2	205.00	410.00
16	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	1	739.00	739.00
	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5063	08/30	1	951.00	951.00
18	VICRYL PLUS 1 VP 2421	ETHICON SUTURES-J&J		T5020	04/30	1	1,097.00	1,097.00
<b>Total :</b>							<b>8,411.67</b>	<b>10,851.67</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar



Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
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Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004576	Ward	5F-PRE/POST
Patient Name	Mrs KAVITHA	Bed Name	PRE & POST OP 504
Age/Sex	29 Y 7 M 10 D / Female	Order No	28-0000150427
Date	15/06/2026 12:45	Prescription No	PRIP28-0070704
Payor	SELPAY	Dispensed Date	15/06/2026 12:45
UHID	ANC-00010842		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	3	71.97	215.91
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	2	24.00	48.00
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
7	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	1	50.63	50.63
8	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	1	10.31	10.31
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	1	2.58	2.58
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
12	EPIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	2	45.90	91.80
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
14	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
15	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
16	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1753	11/27	1	34.58	34.58
17	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144318	10/27	1	33.30	33.30
18	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
19	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304623	11/27	1	31.55	31.55
20	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	4	60.74	242.96
22	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
23	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		02502008	01/31	1	407.81	407.81
<b>Total :</b>							<b>3,056.18</b>	<b>3,700.86</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26		<u>CS/BS - Dr. Mohane</u>
2 pm		
		Pt reviewed
BP - 100/60 mmHg		
PR - 60/min		O/E: Hydration fair, Afebrile
SpO <sub>2</sub> - 99%		NO PE / PE
Output 160 ml		
	S/E (WS) (RAD RS)	
		<u>Advice</u>
	PIA ut well contracted	- Pad watch
	dressing @ day	w/lt bleeding
	UE BWR.	Plx
		- Monitor vital
		- To shift to ward
		- Trj SYNFO 10 units
		iv drip over
		24 hours
		- Trj Methergin 0.2mg
		IM stat



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>15/6/26</del> 10 PM		S/B Dr. Paritha
POD 0		Pt. Reviewed
		Pt. afebrile.
vitals stable		CNS / NAD
Urine output ~ 100ml per hour	P/A -	uterus Contracted. Dressing dry
	L/E - BWNL	
		Adv
		- clear liquids.
		- Monitor vitals.
		- Infuse S/S







## DRUG CHART

Date of Admission: 15/6/26 Drug Allergies: Nil  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

VERIFIED BY : Name	DRUG : <u>INJ. TRAMADOL</u>				Date															
	Dose	Route	Frequency	Start Date	Time															
	<u>50mg</u>	<u>IV</u>	<u>SOS</u>	<u>15/6/26</u>																
	Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																				
Additional Instructions:																				
<u>In 100ml NS</u>																				
Signature	DRUG : <u>INJ. EM S E T</u>				Date															
	Dose	Route	Frequency	Start Date	Time															
	<u>4mg</u>	<u>IV</u>	<u>SOS</u>	<u>15/6/26</u>																
	Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																				
Additional Instructions:																				
Signature	DRUG :				Date															
	Dose	Route	Frequency	Start Date	Time															
	Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																				



REGULAR PRESCRIPTIONS

Weight 10.1g Ward LPK

<b>DRUG :</b> INJ. SUPACEF				Date Time	15/6	16/6/20			
Dose	Route	Frequency	Start Date		11 <del>0159</del>	6 <del>0159</del>			
0.5gm	IV	1-0-1	15/6/26		PM	AM			
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:						6 <del>0159</del>			
Daily Doctor's Endorsement by a Sign									
<b>DRUG :</b> INJ. PANTOP				Date Time	15/6	16/6/20			
Dose	Route	Frequency	Start Date		11 <del>0159</del>	6 <del>0159</del>			
40mg	IV	1-0-1	15/6/26		PM	AM			
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:						6 <del>0159</del>			
Daily Doctor's Endorsement by a Sign									
<b>DRUG :</b> INJ. PARACETAMOL				Date Time	15/6	16/6/20			
Dose	Route	Frequency	Start Date		31 <del>0159</del>	6 <del>0159</del>			
1gm	IV	1-1-1	15/6/26		PM	AM			
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:						3 <del>0159</del>			
Daily Doctor's Endorsement by a Sign									
<b>DRUG :</b> INJ. CLEXANE				Date Time	15/6	16/6			
Dose	Route	Frequency	Start Date		11 <del>0159</del>	10 <del>0159</del>			
0.6 <del>IV</del>	S/C	0-0-1	15/6/26		PM	PM			
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions: x 3 days (12 hrs post surgery)									
Daily Doctor's Endorsement by a Sign									



Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
-------------	------------	------------	------------	------------

<b>DRUG :</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Route</b>	<b>Start Date</b>	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Name &amp; Signature of the Doctor</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Additional Instructions:</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

VARIABLE DOSE	Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
---------------	-------------	------------	------------	------------	------------

<b>DRUG :</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Route</b>	<b>Start Date</b>	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Name &amp; Signature of the Doctor</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Additional Instructions:</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/6	4.5 10am	Im SUPACEF	0.1ml	ID	[Signature]	[Signature]
15/6/20	11.25am	INS SYNTACIN	25 IU	IV	[Signature]	[Signature]
15/6/20	11.30am	INS TRAPIC	1gm	IV	[Signature]	[Signature]
15/6/20	12.20pm	JUSTIN Suppository	100mg	P/R	[Signature]	[Signature]
15/6	2:00pm	Im METHERGIN	0.25mg	IM	[Signature]	[Signature]
15/6	11am	Im SUPACEF	1.5g	IV	[Signature]	[Signature]
15/6	11:05am	Im PAN	40mg	IV	[Signature]	[Signature]
15/6	11:05am	Im EMESET	4mg	IV	[Signature]	[Signature]

Signature .....  
 VERIFIED BY : Name .....



I.V. FLUIDS CHART

Weight: 101 kg Ward: 101

Date	Time	Composition of I.V. Fluid (if infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/6/26	11-15 am ↓ 12-15 pm	30RL	IV						
15/6/26	2:10 PM	10RL c Inj-SYNTO 10units	IV	50ml/hr			15/6 11:30 AM		
15/6/26	1 PM	70RL	IV	100ml/hr			15/6		
15/6/26	10 PM	10NS	IV	100ml/hr			16/6 2:58 PM		
15/6	4:20 PM	10DNS	IV	100ml/hr			15/6 2:58 PM		
15/6	5 AM	10RL	IV	100ml/hr			16/6/16 12 PM		
16/6/16	12 PM	10NS	IV	100ml/hr			16/6/16 12 PM		

Signature

VERIFIED BY : Name

Patient Sticker

ANC-00010842 IP28-00004576 ht  
 Mrs KAVITHA  
 05-11-1996 29 Y 7 M 10 D (F) TALS  
 Dr. ANURADHA P V livery



Sheet No: .....

### REGULAR PRESCRIPTIONS

<b>DRUG :</b> Tab CDFTOM				Date- Time	16/6
Dose	Route	Frequency	Start Dt.	9	AM
200mg	po	1/24	2016	9	AM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				9 AM	
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> Tab PRN				Date- Time	17/6
Dose	Route	Frequency	Start Dt.	6	AM
100mg	po	1/24	2016	6	AM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> Tab COMBIPAN				Date- Time	7/6
Dose	Route	Frequency	Start Dt.	9	AM
100mg	po	1/24	2016	9	AM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				9 AM	
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> cap BIPINAC				Date- Time	17/6
Dose	Route	Frequency	Start Dt.	9	AM
100mg	po	1/24	2016	9	AM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				9 AM	
Daily Doctor's Endorsement by a Sign					

Signature .....

VERIFIED BY : Name .....

Patient Sticker



Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight .....

Ward .....

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Signature  
Name