

[illegible]

RESEARCH PRESCRIPTIONS

DRUG SENSITIVITY

[illegible]

DIET

Date	Details	Initials

TAKE HOME DRUGS
INDICATE BY LETTER

Ward	Name of Patient	Age	Hospital Number	Consultant
	Adam strain		364377	

Adam Strain.

05 4-006-013

364377

AS - ROYAL

DRUG SENSITIVITY

1. Name of the person or organization to whom the report is made: 2. Date of the report: 3. Name of the person or organization making the report: 4. Address of the person or organization making the report: 5. City, State, and Zip Code of the person or organization making the report: 6. Telephone number of the person or organization making the report: 7. Name of the person or organization to whom the report is made: 8. Date of the report: 9. Name of the person or organization making the report: 10. Address of the person or organization making the report: 11. City, State, and Zip Code of the person or organization making the report: 12. Telephone number of the person or organization making the report:	1. Name of the person or organization to whom the report is made: 2. Date of the report: 3. Name of the person or organization making the report: 4. Address of the person or organization making the report: 5. City, State, and Zip Code of the person or organization making the report: 6. Telephone number of the person or organization making the report: 7. Name of the person or organization to whom the report is made: 8. Date of the report: 9. Name of the person or organization making the report: 10. Address of the person or organization making the report: 11. City, State, and Zip Code of the person or organization making the report: 12. Telephone number of the person or organization making the report:
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[illegible]

SIGNATURE

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
2/20/44	Murphy's cream	1	2:30 pm	PC	[Signature]	[Initials]
4/11/44	[Redacted]	240 mg	2 pm	O	[Signature]	[Initials]
[Redacted] 054-006-014 AS - ROYAL						

REGULAR PRESCRIPTI

WNC767

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration										Method and other Instructions	SIGNATURE	Discontinued	
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Date			Initials	
G																	
H																	
I																	
J																	
K																	
L																	
M																	
N																	
O																	
P																	
Q																	
R																	
S																	
T																	
U																	

REGULAR PRESCRIPTIONS

ACTIVITY

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration										Method and other Instructions	SIGNATURE	Discontinued	
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Date			Initials	
I																	
N																	

DIET

TAKE HOME DRUGS INDICATE BY LETTER

Date	Details	Initials

Ward	Name of Patient	Age	Hospital Number	Consultant
ICU	Adam Steain	4/8/92	364377	Mr Brown

054-006-015

AS - ROYAL

DRUG SENSITIVITY

SECRET SHEET

[illegible]

DRUGS-ONCE ONLY PRESCRIPTIONS

[illegible]