

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

THE ULSTER HOSPITAL
DRUG RECORDING SHEET

Ward **Acher** Name **Clare Robert** Unit **U87 66831** Number **0**

DATE	REGULAR PRESCRIPTIONS						OTHER TIMES						COMMENTS ON DISCREPANCIES
	6 a.m.	10 a.m.	12 md.	2 p.m.	6 p.m.	10 p.m.	12 mn.	Initial	Initial	Initial	Initial	Initial	
23/1/93			Initial E	Initial F V8		Initial F							
24/1/93				Initial F V8		Initial F MUA							
25/1/93				Initial F W		Initial F W							
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