SOUTHERN LUZON STATE UNIVERSITY
COLLEGE OF ALLIED MEDICINE
LUCBAN, QUEZON

TREATMENT RECORD

NAME _____ WARD _____

DATE & TIME ORDERED	MEDICATION TREATMENT COPIED ORDERED SHOULD BE SIGNED BY NURSE	DATE			DATE			DATE		
		SHIFT			SHIFT			SHIFT		
		6-2	2-10	10-6	6-2	2-10	10-6	6-2	2-10	10-6