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MEDICAL RECORD	PEDIATRIC NURSING NOTES

DATE HOUR	TEMP WT.	DIET	AMT. TAKEN	VOMIT-ED	URINE	STOOLS	TREATMENTS, MEDICATIONS	NURSING NOTES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name-last, first, middle; ID no. (SSN or other); hospital or medical facility)*

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Medical Record

STANDARD FORM 536 (REV. 2-95)
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