DATE (m/d/yy)	TIME (24-hr)	FACILITY	UNIT (optional)		
☐ Risks/b	enefits of red	commended	intervention explair	ned; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)
DATE (m/d/yy)	TIME (24-hr)	FACILITY	UNIT (optional)		
				led: patient consents	PLAN / RX (Dx required for medication orders.
				ned; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)
				ned; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)
				ned; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)
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				ned; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

