

Today's Date:

Your Logo Here



Room Number:



Telephone Number:



Physician:



Nurse:



Assistant Nurse:



Meals and  
Room Service:



Today's Plan For Care:

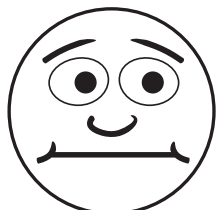
**Pain Management is Our Goal!**



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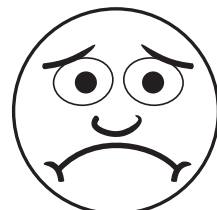
1-2



3-4



5-6



7-8



9-10

Let us know if you are in pain. How much?