McLAREN FLINT

PATIENT INFORMATION

DATE: ___________________________

ALLERGIES: ____

____

HT
WT PROCEDURE: ________________________________

BUN SHEATH: ________________________________

CR CLOSURE: ________________________________

GRF

K+

HGB

PTT

PT HEPARIN: ________________________________

INR FENTANYL: ________________________________

VERSED: ________________________________

IV's

MCA

FLINT

M-1392 (2.24)