McLaren

FLINT

INPATIENT REHABILITATION CENTER

DAILY WOUND TREATMENT RECORD

TREATMENT	HOUR																					

NURSE SIGNATURE/
INITIALS ______________________ ______________________

______________________ ______________________

______________________ ______________________

______________________ ______________________

700b

RESIDENT

MR.#/RM.

DR.

McLaren
FLINT

INPATIENT REHABILITATION CENTER

DAILY TREATMENT RECORD

TREATMENT	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

NURSE SIGNATURE/INITIALS

_____	_____
_____	_____
_____	_____
_____	_____

RESIDENT

MR.#/RM.

DR.