

Notes (Mark area and submit to Nurse)

1. _____

2. _____

3. _____

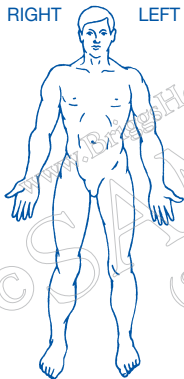
4. _____

RIGHT

LEFT

LEFT

RIGHT



Patient/Resident _____

Rm# _____ Reported By _____

Date _____ Time _____