CORONARY CARE REGISTER

ARRIVAL			Patient No.	PATIENT'S NAME	Age	Sex	Origin of Patient (Floor, Emerg. Rm., etc.)	Condition on Arrival	Physician	Diagnosis
Date	Time	A.M. P.M.								

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Oxygen			Special Procedures Performed	DISCHARGE OR TRANSFER				
				Date	Time	A.M. P.M.	Condition	Disposition

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