

SONGKLANAGARIND HOSPITAL

กรณีประกาศระบบ HIS ชัดข้อง

DOCTOR'S ORDER SHEET

NAME.....AGE.....H.N.....WARD.....

<u>Date</u> <u>Hour</u>	Order For One Day	Nurse's Signature	<u>Date</u> <u>Hour</u>	Order For Continuation	Nurse's Signature	<u>Date</u> off <u>Hour</u> Nurse's Signature