



# Bureau of Corrections

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## DOCTOR'S ORDER SHEET

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NAME:		PRISON NO:			SEX:			WARD/ROOM NO:			
ATTENDING PHYSICIAN/PHYSICIAN-IN-CHARGE											
<b>C- CARRIED</b>		<b>A-ADMINISTERED</b>			<b>R-REQUEST MADE</b>			<b>E-ENDORSED</b>		<b>D-DISCONTINUED</b>	
DATE/TIME	NOTES	ORDERS			C	A	R	E	D	TIME/ SIGNATURE	