NORTHERN PRACTICE - FAX RECORD (File with MD Notes)

MD:	Patient Name:	F( ) M( )

Nurse:	D.O.B:	File #:

Nursing Station:	Band Name & # :

Temp:	HR:	BP:	RR:	O2 Sat:	Weight:

HPI:

PE:

PMHx:

Meds:

Allergies:

Nursing Question:

Date(DD/MM/YY):   Signature:

MD Response:

Date (DD/MM/YY):   Signature:

Follow-up:

Date(DD/MM/YY):   Signature: