**Tishk International University**

Nursing Department

Med – Surg Clinic Daily Report

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| Procedure Name or Medication | Q | Dosage & Route | Patent Room | Time | Note (Describe any additional steps or results involved in the procedure.) |
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Clinical Coordinator’s Name & Signature