

MEDICAL ALERT FORM

LABEL	LABEL
Document _____ Initials _____ Date _____	Document _____ Initials _____ Date _____
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Instructions: Upon readmission, pull from previous medical record and place in active medical record. Place label (with the exception of the Allergy Label, which will be placed on the front of the medical record) in the space provided. Enter the title and date of the document identifying the alert.

CSH - 164

Stamp Plate