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Check if patient has another medication chart

Cut off section

PRINT DIGI CMYK 2/S ON 220gsm UNCOATED.

PRODUCE DIGITAL PROOFS FROM FILES SUPPLIED.

DIE-CUT AND STRIP 1 RECTANGULAR PIECE FROM TOP RHC.

CREASE. TRIM TO 297 x 420mm. FOLD TO 297 x 210mm.

DRILL 2 x HOLES FOR RING RINDER. BULK PACK

Hospital F	Hospital name Hospital Provider number							Chart numberof					
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Check if patient has another medication chart

			Attaon A	URN:	Not a val	id prescription
				e drug reactions (ADR)	mes: unless ide	ntifiers present
			□ Nil known □ Unknown (tick ap Medicine (or other)	propriate box or complete details below) Reaction / type / date	:	
	Cut off section		inculation (et cuitet)	Date of	birth:	Sex: M □ F □
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Attach ADR sticker

Affix patient identification label here and overleaf

URN: