



Date: _____

Shift: _____

Attending: _____

Patient	Workup	To Do	Notes
	Labs ECG UA IVF Pain XR CT US Meds Abx	<input type="checkbox"/> Consult <input type="checkbox"/> Dispo <input type="checkbox"/> Update pt/fam <input type="checkbox"/> Admit call <input type="checkbox"/> Sign/Submit note	
	Labs ECG UA IVF Pain XR CT US Meds Abx	<input type="checkbox"/> Consult <input type="checkbox"/> Dispo <input type="checkbox"/> Update pt/fam <input type="checkbox"/> Admit call <input type="checkbox"/> Sign/Submit note	
	Labs ECG UA IVF Pain XR CT US Meds Abx	<input type="checkbox"/> Consult <input type="checkbox"/> Dispo <input type="checkbox"/> Update pt/fam <input type="checkbox"/> Admit call <input type="checkbox"/> Sign/Submit note	
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