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- D&G Nurses Station Fax: (717) 815-0207**

Pressure Ulcer Notification FAX

DATE:
 TO:
 FROM:

Family Name	First Name	DOB
Room Number	Attending Physician	

Pressure Ulcer Location:

Pressure Ulcer Stage:

Rest Haven Protocol Implemented:

- yes**
- no**

COMMENTS:

PHYSICIAN SIGNATURE	SIGNATURE OF NURSE RECEIVING FAX	DATE	TIME
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Important Message

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