



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

NURSES RECORD

Patient's Name:					MRD No./UHID No.	
Age:	Gender	M	F	O	Ward No.	
Date of Admission	DD/MM/YY				Bed No.	
Provisional Diagnosis:						

Patient Warded at: _____

Date	Time	Medicines Given/IV fluids/Injections/Services Given	Nurses' Notes	Nurse's Name & Signature



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Nurse's Record Continued....

Patient's Name:					MRD No./UHID No.		
Age:		Gender	M	F	O	Ward No.	
Date of Admission					Bed No.		

Date	Time	Medicines Given/IV fluids/Injections/Services Given	Nurses' Notes	Nurse's Name & Signature