GOVERNMENT OF MEGHALAYA
HEALTH AND FAMILY WELFARE DEPARTMENT

TREATMENT CHART   Chart no:

Name of the patient... **Age**...................... **Sex**......................

Patient ID...**Bed No**.............. **Diagnosis**...

SL No	Drug Name	Dose	Route	Frequency	Time (AM/PM)	Date / /			Date / /			Date / /		
						Day:			**Day:**			**Day:**		
						Sign	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**
						Day:			**Day:**			**Day:**		
						Sign	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**
						Day:			**Day:**			**Day:**		
						Sign	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**
						Day:			**Day:**			**Day:**		
						Sign	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**	**Sign**

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SL No	Drug Name	Dose	Route	Frequency	Time (AM/PM)	Date / /			Date / /			Date / /		
						Day:			Day:			Day:		
						Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign
						Day:			Day:			Day:		
						Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign
						Day:			Day:			Day:		
						Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign
						Day:			Day:			Day:		
						Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign	Sign