

Division of Oral and Maxillofacial Surgery
 College of Dentistry
 King Saud University
 Academic year 1428-29 H

Intern's Rotation Form (3)
Admitted Patients Daily Report

Name:.....
 Date:.....Time:
 Signature:.....

Name of the patient				
File Number				
Ward				
Consultant Name				
Operation name				
Status of the Patient				
Describe the general status of the patient, vital signs, cranial nerves, complaints.....etc.				
Current Drugs and Fluids	<u>Drug /fluid</u>	<u>Dose</u>	<u>Frequency</u>	<u>Route</u>
Indicate the name of the drug, dose, route, frequency. Notice any reaction to the prescribed drugs				
Others				
Such as referrals, abnormal investigations, consultations				