



HOSPITAL ESCOLA DR. HLVIO AUTO

SERVICO EXTERNO

NOME: _____ ENF.: _____ LEITO: _____

DIA: ____ / ____ / ____ AS: _____ HS: _____

LOCAL: _____

Dever tomar as seguintes medicaes:

1) Luftal 02 comp. s 7:00 hs - 11:00 hs - 15:00 hs - 19:00 hs - 23:00 horas

2) Dicolax 03 comp. s 13.00 hs.

OBS: _____

Macei ____ / ____ / ____

Ass: _____