**Załącznik nr.\_ \_ \_**

KARTA ZLECONYCH LEKÓW

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| **I. Dane o pacjencie** | | | |
| Nazwisko i imię (inicjały) |  | Wiek |  |
| Oddział |  | Nr sali |  |

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| **II. Zlecone leki** | | | |
| *Pora dnia* | *Nazwa leku* | *Droga podania* | *Godzina podania* |
| **RANO** |  |  |  |
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| **POPOŁUDNIE** |  |  |  |
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| **WIECZÓR** |  |  |  |
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| **NOC** |  |  |  |
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| Data i podpis studenta/tki |  | | |