

**B-19b<sub>1</sub> HOME CARE INSTRUCTIONS  
FOR PATIENTS  
DEPARTMENT OF NURSING**

• File most recent sheet of this number ON BOTTOM •

DATE  
HOSP. #  
NAME  
BIRTH DATE  
ADDRESS  
SS#  
IF NOT IMPRINTED, PLEASE PRINT DATE, HOSP. #, NAME AND LOCATION

<b>INSTRUCTIONS:</b>	<b>PRESCRIPTIONS:</b> filled _____ sent _____
<b>INSTRUCTIONS:</b>	<b>DIET:</b>
	<b>SUPPLIES:</b>
	<b>IF THE FOLLOWING OCCURS:</b>
	<b>CONTACT:</b>
	<b>RETURN APPOINTMENT:</b> _____ Sent with patient _____ To be notified _____
	<b>OTHER:</b> _____
<b>SIGNATURE OF PERSON RECEIVING INSTRUCTIONS:</b> _____	<b>INSTRUCTIONS GIVEN BY:</b> _____
DATE	DATE

**B-19b<sub>1</sub>**

**LABORATORY C**

**X-RAY EXAM D**

**CONSULTATION E**

**SPEC. EXAM F**

**THERAPY G**

**PATHOLOGY H**

**DIAGNOSIS I**