A B D C B A B

UPHS – Department of Medicine Initial Hospital Visit/Inpatient Consult Note

Allergies:		□ NKDA
Medication	s: OTC Med	s
	☐ Supplement (Vits/Herb	
\Box I $_$ h	n _4 3 91 () T 2.2749E

D			
Data Review:			
Assessment and Plan:			
Assessment and I lan.			
Resident/Medical Student Signatur	·e:	_ Date:	Time: