## MAR Form

Date: December 13, 2023
Patient Name: Andrea Chambers
Date of Birth: December 12, 1996
Contact Information: 253-952-4274
Admission Date: December 12, 2023
Room and Bed: Room 24
Referring Physician: Monica Butler
Contact Information: 425-221-6755
Allergies or Adverse Reactions:
None

Diagnosis:
Urinary Tract Infection

## Additional Notes:

None

| Medication | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
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