DISCHARGE PLAN						
Resident:	D	r.	F	Room #	NH#	
·						
v 35.						
Diagnoses:		Mantoux: F	Flu:	Pneumovax:	Chest X-ray:	-
		Advanced Directive:				
		Evacuate To: School	ų	Religion:		. —
Allowaises		Pharmacy: Rexall VA		Laundry: Family Facility		
Allergies: Diet Order:		Releases Signed: Y	N			
Admission	Date: Level One yes or less than 30			P P	R T	
Birthdate:		Contact Person:	9,-			