

*****Notification*****
Level: Med

Patient: [REDACTED] Birthdate: [REDACTED] Age: [REDACTED] Sex: [REDACTED]

Account Num: [REDACTED] Location: [REDACTED] Room: [REDACTED] Adm/Svc/Res Date: 12/12/10
Med Rec Num: [REDACTED] Status: [REDACTED] Bed: [REDACTED]

Notification # 36830 NUTR.RISK - Moderate-High Risk Nutrition

Details: Patient scored ≥ 2 on Score

Filed: 12/12/10-1815

Attending/ER Provider: [REDACTED]
Phone: [REDACTED]
Pager: [REDACTED]

Ordering Provider:
Phone:
Pager: