Sign = Utförd åtgärd

 0 = Utebliven/avböjd åtgärd

 % = Avslutad åtgärd

 🡪 = Pekar på startdag

 X = Medskickad dos (sign)

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|       |       |       |       |
| Namn | Personnummer | År | Månad |

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| **Läkemedel** (ex dospåse, dosett etc) | **Kl** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
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| **Dosetten delad av** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dosrullen utlämnad av** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Signeringslistan kontrollerad** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ av \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Datum Sjuksköterska