Journalhandling. Förvaras i anslutning till aktuella signeringslistor.

|  |  |
| --- | --- |
|  |  |
| Patientens namn | Personnummer |

|  |  |  |  |
| --- | --- | --- | --- |
| **Datum** | **Namn (texta tydligt)** | **Signatur** | **Arbetsplats** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |