

HEALTHCARE UNIT
PATIENT INFORMATION SLIP

Hyman

INSTITUTION

Summer, Ronald
NAME

154416 WJM
NUMBER R/S

Lay-in for _____ days from _____ to _____
(date) (date)
due to _____
(date)

Instructions:

Not to be in the hot

Sun & Mondays

7/24/97 - 1/24/98

Failure to follow the directions above may result in a disciplinary.

7/24/97
Date Issued

(Signature)
Signature