



SIGNATURE RECORD

Directions for Use

Every provider of care that documents on a patient record completes one section/line of the signature record for each patient. One patient-specific signature record is maintained and placed in each patient's health record.

Initials	Signature and Professional Designation	Print in FULL First and Last Name	Initials	Signature and Professional Designation	Print in FULL First and Last Name
<i>RN</i>	<i>R Nurse RN</i>	Reggie Nurse			
<i>JP</i>	<i>J. Physio PT</i>	Jane Physio			
<i>OT</i>	<i>O. Therapy OT</i>	Occupa Therapy		Directions for Use: As per the examples provided, enter the required information on each patient's signature record for every provider of care that documents components of the respective patient health record.	
<i>SLP</i>	<i>S. Path SLP</i>	Susan Path			
<i>LP</i>	<i>L. Practica LPN</i>	Lou Pratica			
<i>RD</i>	<i>R. Diet RD</i>	Regina Diet			
<i>RT</i>	<i>R. Trachea RRT</i>	Rachelle Trachea			

