

NPO

I _____, acknowledge that I have not had anything to eat

X Print Name

(Including candy, gum, etc.) since, _____, at _____.

X Date

X Time

The last beverage I drank was _____ at _____ on _____.

x Time

x Date

Patient Signature

Date

X _____

X _____

Witness

Date

X _____

X _____

(Front Desk Associate to Sign)

Patient Label