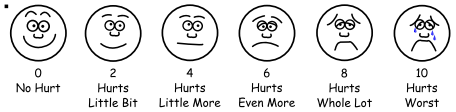
OptiMA Graphics

Estimate Number: PDE-1332
Proof Number: OG060410-2

Day: Mon Tues Wed Thur Fri Sat Sun	Today's Date:
Patient Name:	Nickname:
Dr:	Level of Care:
RN:	Reason:
Aide:	Fall Risk:
SW:	Activity:
Chaplain:	Diet:
Glasses? Dentures? Hearing Aides?	
Plan of Care:	
Rate your Pain: 	Goal:
Patient/Family Questions or Comments:	

IOWA HEALTH Hospice *making moments matter*
IOWA HEALTH HOME CARE
IOWA HEALTH SYSTEM

1.2" 1.2" 1.2" 1.2" 1.2" 1.2" 1.2" 3.7" 3.7" 3.7"

16.8" 16.8"

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Please Sign Here: _____ **Date:** _____

By signing and dating above you signify that you accept this proof and fully understand the accompanying notes.

Please check one: Yes ☐ No ☐ I wish to waive having a color sample sent to me regarding any and All colors, shades, and gradients in my design (if applicable).

Please check one: Yes ☐ No ☐ My company would welcome this design to be shown with our logo (if applicable) on an OptiMA website.

Important Please Note

This design has been scaled down to fit these maximum proportions.
Actual size of the board's writing surface is approximately 23" x 35"
The printed area must clear the framing by 1/2" top and bottom & 1/2" left to right
Board graphics are created using the Opti-Print™ method covered with our premium clear Opti-Rite clear dry erase surface.

Board is Non-Magnetic MA-203