



Name: A/S: DOB: MRN: Room:

CC: Allergies:

HPI

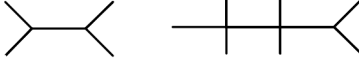
PMH/ PSH

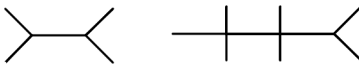
Meds  

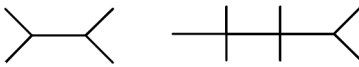
SHx:  
  
FHx:

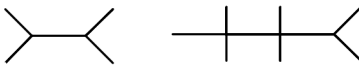
Imaging

Code: Weight:  
Diet: PCP Notes  
Access: OSH Notes  
PPX: Med Rec?  
D/c: D/c summ?

Date: HD: To Do  
T: HR: BP: RR: O2: I/O:  


Date: HD: To Do  
T: HR: BP: RR: O2: I/O:  


Date: HD: To Do  
T: HR: BP: RR: O2: I/O:  


Date: HD: To Do  
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T: HR: BP: RR: O2: I/O:  
