

OUR PATIENT RECORD

Name: try qwe

Age: asd

Sex: Male

Address: asd

Birthday: 2021-11-01

Contact No:

Date: November 30, 2021, 1:44 am

CHIEF COMPLAINT

Vital Signs;

Weight:

BP:

Temp:

RR:

PR:

FOR OB PATIENT

LMP:

AOG:

EDC: