

**OUR PATIENT RECORD**

**Name:** try qwe

**Age:** 12

**Sex:** Male

**Address:** asd

**Birthday:** 2021-11-01

**Contact No:**

**Date:** November 30, 2021, 1:40 am

**CHIEF COMPLAINT**

**Vital Signs;**

**Weight:**

**BP:**

**Temp:**

**RR:**

**PR:**

**FOR OB PATIENT**

**LMP:**

**AOG:**

**EDC:**