

## Patient Information

**Patient Name** LIU, TESTING2  
**Study Date** 10/28/2024  
**MRN** FP00001315  
**Study Number** 174279  
**Date of Birth** 3/1/1998  
**Age** 26 Years  
**Gender** Female  
**Race**  
**Height** cm  
**Weight** kg  
**BSA** m<sup>2</sup>

## Procedures

Time	Procedure
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## Staff

Duty	Name
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## Medication Summary

Medication	Route	Administered Unit	Total Administered
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## Vital Signs

Time	SpO2 (%)	HR (BPM)	BP (mmHg)	RR (per min)
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## Event Log

Time	Summary	Comment
	Phase:	

**Snapshots**