Delivery Register

Patient ID: [Value]

babies: [Value]

Mother	Current Date	CHO	Facility Name
Parity	Delivery Date		Sub District
NHIS Register Number	Discharge Date		
Address	Referred Date		

1 2 3 ...

Save Submit

Delivery Register

Patient ID: [Value]

babies: [Value]

Blood Pressure	Weight
Pulse (BPM)	Height
Body Temperature	
Blood Loss	

1 2 3 ...

Save Submit