

TARGET CLIENT LIST FOR PRENATAL CARE (-)

REGISTR ATION DATE	FAMILY ID	NAME / AGE	ADDRES S	BRGY	LMP	G-P	EDC	1st TRIMEST ER VISITS	2nd TRIMEST ER VISITS	3rd TRIMEST ER VISITS	RISK CODE / DATE DETECTE D	FULLY IMMUNIZ ED DATE	TT IMMUNIZ ATION GIVEN	IRON	DATE TERMINA TED	OUTCOM E	BIRTH WEIGHT	PLACE OF DELIVER Y	ATTENDE D BY
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