| TEMP- | PULSE- | TEMP- PULSE- | |
|---------|----------|------------------|----------|
| B.P- | ВМІ- | B.P- BMI- | |
| WEIGHT- | SPO2- | WEIGHT- SPO2- | |
| LOG IN: | LOG OUT- | LOG IN: LOG OUT- | |
| TEMP- | PULSE- | TEMP- | PULSE- |
| B.P- | вмі- | B.P- | ВМІ- |
| WEIGHT- | SPO2- | WEIGHT- | SPO2- |
| LOG IN: | LOG OUT- | LOG IN: | LOG OUT- |
| TEMP- | PULSE- | TEMP- | PULSE- |
| B.P- | вмі- | B.P- | ВМІ- |
| WEIGHT- | SPO2- | WEIGHT- | SPO2- |
| LOG IN: | LOG OUT- | LOG IN: LOG OUT- | |
| TEMP- | PULSE- | TEMP- | PULSE- |
| B.P- | вмі- | B.P- | ВМІ- |
| WEIGHT- | SPO2- | WEIGHT- | SPO2- |
| LOG IN: | LOG OUT- | LOG IN: | LOG OUT- |
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| FILE NO | | (lj) | FILE NO | | (li) |
|----------------|----------------------|---|----------------|----------------------|---|
| DATE: | OLJABET HOSPITA | L OUTPATIENT CARD healthcare that cares | DATE: | | L OUTPATIENT CARD healthcare that cares |
| PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO | PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO |
| ☎ TEL: | | MOP | ☎ TEL: | | MOP |
| CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND | CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND |
| FILE NO | | G) We Care | FILE NO | | We Care |
| DATE: | OLJABET HOSPITA | L OUTPATIENT CARD healthcare that cares | DATE: | OLJABET HOSPITA | L OUTPATIENT CARD healthcare that cares |
| PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO | PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO |
| ☎ TEL: | | MOP | ☎ TEL: | | MOP |
| CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND | CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND |
| FILE NO | | (li) | FILE NO | | (li) |
| DATE: | OLJABET HOSPITA | L OUTPATIENT CARD healthcare that cares | DATE: | | L OUTPATIENT CARD healthcare that cares |
| PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO | PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO |
| ☎ TEL: | | MOP | ☎ TEL: | | МОР |
| CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND | CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND |
| FILE NO | | A) | FILE NO | | A. |
| DATE: | OLJABET HOSPITA | L OUTPATIENT CARD healthcare that cares | DATE: | | L OUTPATIENT CARD healthcare that cares |
| PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO | PATIENT'S NAME | CONTRIBUTOR'S NAME | ID NO |
| ☎ TEL: | | MOP | ☎ TEL: | | МОР |
| CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND | CONSULTATION | TREATMENT LABS X-RAY | ULTRA-SOUND |
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