

Hospital Regional do Gama - DF

**SETOR:** CENTRO OBSTÉTRICO

**PASSAGEM:** \_\_\_\_\_

**NOME:** \_\_\_\_\_

**Nº SES:** \_\_\_\_\_

**TIPO DE PARTO:** (    ) **NORMAL** (    ) **CESARIANA** (    ) **Fórceps**

**ANESTESIA:** \_\_\_\_\_

**DATA DE NASC.:**

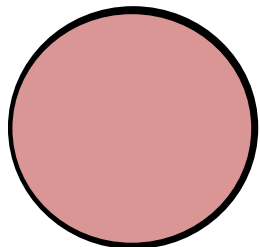
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**DATA DE ADMISSÃO:**

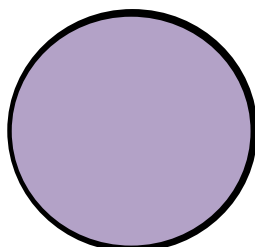
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**PROCEDÊNCIA:**

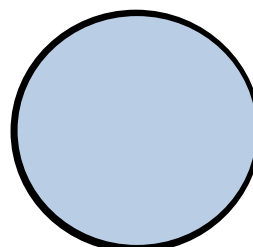
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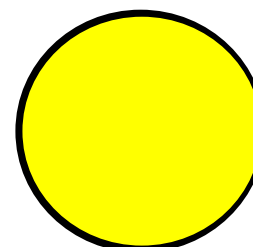
**RISCO DE QUEDA**



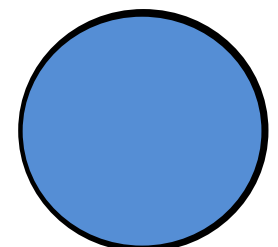
**RISCO DE LPP**



**RISCO DE TEV**



**ALERGIA**



**ISOLAMENTO**