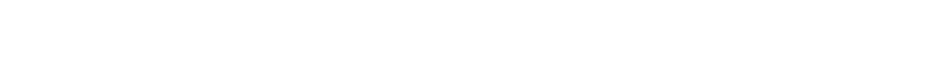
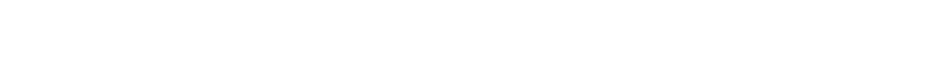
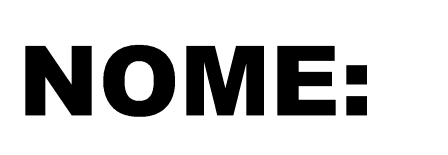
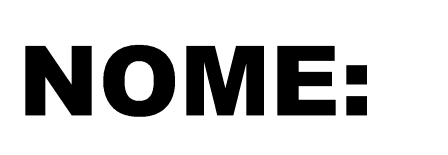
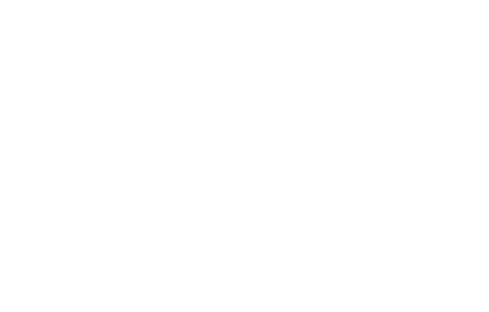
**Hospital Regional do Gama - DF**

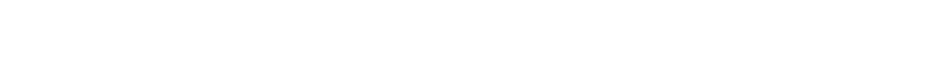
**SETOR:** CENTRO OBSTÉTRICO

**SALA DE PARTO**



**DATA**

**:**



**D**

**PA**

**:**

**RISCO DE QUEDA**

**RISCO DE LPP**

**RISCO DE TEV**

**ALERGIA**

**ISOLAMENTO**

**DATA DE NASCIMENTO:**

**DATA DE ADMISSÃO:**

**PROCEDÊNCIA:**

**NOME:**

**Nº SES:**

**NOME DO RN:**

**HD/IG:**