Caption						
Name:	: [_form]	Age / Sex: [_sex]	Date	Date : [_date]		
Patient ID	: [_pid]		     Mor	OOO Aft n	Nig ht	

Ht:

Wt:

vitals:

BP:

PR:

T:

SpO<sub>2</sub>

C/O

Invs

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