



In conjunction with the



Patient's Last Name						nt's Fir	st Name				
Birth attendant Newborn care											
Family					Final EDB					Allergies or Sensitivities	Medications / Herbals
G	Т	P	Α	L							100
Subsequent V GA Weight. R.B. Urine SFH Pres. FHR/										uent Visits	·
Date	2	GA (weeks)	Weight.	В		Urine Prot.	SFH	Pres. Posn.	FHR/ FM	Comr	nents
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