

<p>Pt: _____ Attending: _____ G ___ P _____ GA _____ Age _____ Positive Labs/Complications: _____ BP: _____ T: _____ CC/HPI: _____ PE notes: _____</p> <p>SVE: _____ FHT _____ Toco _____ time: _____</p>	Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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