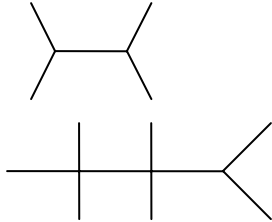
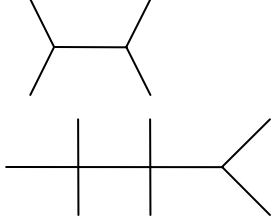
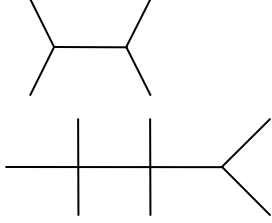
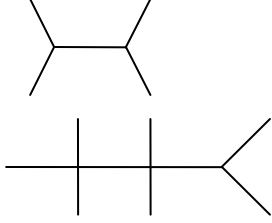
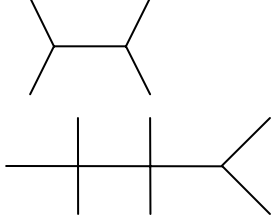


NAME & MR#	HPI	EXAM	LABS XRAY CT MRI	ASSESSMENT AND PLAN
Room #	CC:	GEN: HEENT: RS: CVS: PA: EXT: NEURO:		1. 2. 3. 4. DVT/ GI Prophlaxis: Nutr:
Room #	CC:	GEN: HEENT: RS: CVS: PA: EXT: NEURO:		1. 2. 3. 4. DVT/ GI Prophlaxis: Nutr:
Room #	CC:	GEN: HEENT: RS: CVS: PA: EXT: NEURO:		1. 2. 3. 4. DVT/ GI Prophlaxis: Nutr:
Room #	CC:	GEN: HEENT: RS: CVS: PA: EXT: NEURO:		1. 2. 3. 4. DVT/ GI Prophlaxis: Nutr:
Room #	CC:	GEN: HEENT: RS: CVS: PA: EXT: NEURO:		1. 2. 3. 4. DVT/ GI Prophlaxis: Nutr: