(name) (chart #)

Integrated Summary	Date				
(Patient Label)	Age/Insurance				
Last Name, First Name	Age/Insurance Meds*rx#M+#RF				
Address	1				
City, State Zip	2				
Phone Number	3				
Date of Birth	4				
Medical Record Number	5				
Wedled Record Number	6				
	7				
	8				
	9				
	10				
DDODLEM LIST C. J. C. J.					
PROBLEM LIST: Code Status	FLOW SHEET				
PAST MEDICAL HISTORY / IZ: Td PPS	SCREEN & PREV'N /	17 El.,			
Allower	PEx	IZ FIU			
Allergy					
Surgery	Breast Exam				
	Mammogram				
Other Hosp	LMP / lactating				
	Pap / PSA				
OB/Birth Hx	Rectal / Prostate				
Inactive Problems	Col Ca - Fec Occ Bl				
	Chol / ldl / hdl / tg				
Tob xsEtOH Drugs	fGlu				
Family Med Hx: F M					
Sibs Children	A/P				
Social Hx: Household					
Work					
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