

Team:

Fellow:  
Resident:  
Intern:

Pager:  
Pager:  
Pager:

Contact #:  
Contact #:

DEMOGRAPHICS	SITUATION	PERTINENT HISTORY	ASSESSMENT	RECS/TO DO LIST
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NAME:  UNIT: MRN: ATTN:	CC:  SURG:	HIS: MEDS: ALL: CODE:	ACTIVE ISSUES:	RECS:  TO DO:
NAME:  UNIT: MRN: ATTN:	CC:  SURG:	HIS: MEDS: ALL: CODE:	ACTIVE ISSUES:	RECS:  TO DO:
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