

Name: _____ MRN: _____ Room: _____ DOB: _____ Admt: _____

CC: _____

HPI: _____

PMH: _____

PSH: _____

FH: _____

SochH: _____
 EtOH
 Tobco
 Drugs: _____

All: _____

Meds: _____

ROS: _____

VS:

BP:	Tm:	Tc:	P:	R:	Sat:	I/O:
-----	-----	-----	----	----	------	------

PE: _____

Labs:

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Na</td><td style="padding: 2px;">Cl</td><td style="padding: 2px;">BUN</td></tr> <tr><td style="padding: 2px;">K</td><td style="padding: 2px;">CO₂</td><td style="padding: 2px;">Creat</td></tr> </table>	Na	Cl	BUN	K	CO ₂	Creat				
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K	CO ₂	Creat								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Ca</td><td style="padding: 2px;">TP</td><td style="padding: 2px;">AST</td><td style="padding: 2px;">LDH</td></tr> <tr><td style="padding: 2px;">PO₄</td><td style="padding: 2px;">Alb</td><td style="padding: 2px;">ALT</td><td style="padding: 2px;">AP</td></tr> </table>	Ca	TP	AST	LDH	PO ₄	Alb	ALT	AP		
Ca	TP	AST	LDH							
PO ₄	Alb	ALT	AP							

Ass: _____ Pln: _____

Date: _____

BP: _____ Tm: _____ Tc: _____ P: _____ R: _____ Sat: _____ I/O: _____

WBC	Hgb	Plt	INR
Hct			PT
			PTT

Na	Cl	BUN	Gluc
K	CO ₂	Creat	

Ca	TP	AST	LDH	Bili
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