

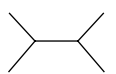



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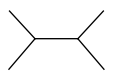



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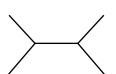



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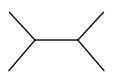



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| PMH: | Home Meds: |
| PSH: | All: ROS: |
| FH: | Soch: <input type="checkbox"/> EtOH _____ <input type="checkbox"/> Tobco _____ pack/year <input type="checkbox"/> Quit? _____ ago <input type="checkbox"/> Drugs _____ |

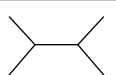



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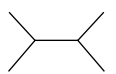



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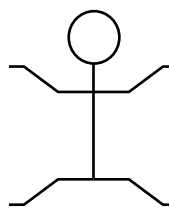
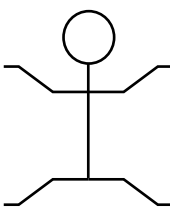
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| Ca | TP | AST | LDH | Bili | | | | | | | | | | | | | | |
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Imaging:

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