

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

Intro: _____

S: _____

O: VS:

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

All: _____

Meds: _____

Labs:

<table border="0" style="width: 100%;"><tr><td style="text-align: center;">WBC</td><td style="text-align: center;">Hgb</td><td style="text-align: center;">Plt</td></tr><tr><td style="text-align: center;">Hct</td><td></td><td></td></tr></table>	WBC	Hgb	Plt	Hct			<table border="0" style="width: 100%;"><tr><td style="text-align: center;">PT</td><td style="text-align: center;">INR</td></tr><tr><td style="text-align: center;">PTT</td><td></td></tr></table>	PT	INR	PTT		
WBC	Hgb	Plt										
Hct												
PT	INR											
PTT												
<table border="0" style="width: 100%;"><tr><td style="text-align: center;">Na</td><td style="text-align: center;">Cl</td><td style="text-align: center;">BUN</td><td style="text-align: center;">Gluc</td></tr><tr><td style="text-align: center;">K</td><td style="text-align: center;">CO₂</td><td style="text-align: center;">Creat</td><td></td></tr></table>	Na	Cl	BUN	Gluc	K	CO ₂	Creat					
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K	CO ₂	Creat										
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Ca	TP	AST	LDH	Bili								
PO ₄	Alb	ALT	AP									

A: _____

P: _____

Date: _____

WBC	Hgb	Plt	INR
Hct			PT
			PTT

Na	Cl	BUN	Gluc
K	CO ₂	Creat	

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