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1. Patient Name:					A ge	
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2. Chief Complaint (nurse to con	nplete):			NALE	ngalan dalam Tahu	a an ann an ann ann an an an an an an an
3. Other Physicians involved in y						
5. Other Physicians involved in y	our care: Sp	ecialists:				and the second
4. Drug Allergies: None Ye	s If	Yes, List drugs:				
5. Medications: None See	attached list	if more than four (include	e aspirin, Motrin, etc.	.)		na dan pangan pana tang bagdan dapat sebahan Tang bahar pang bahar p
6. Other Medical Problems:	□ None				9	
Congestive Heart Failure		Blood Pressure	Diabetes		Heart Mu	
Prior Heart Attack		ry of Stroke	Emphysema			`ype)
☐ Mitral Valve Prolapse		Cholesterol / Lipids	Bronchitis		Arthritis	
Heart Rhythm Problem Other:		in Leg Veins	🗆 Asthma		Seizures	
(Doctor's Notes):	- Weg (25)	大日间 的现在分词	1-6. 12. 12.	ALC: N	11	
7. Previous Operations (with last						
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Heart Valve Total Joint Gallbladder	Groin	n Hernia r Hernia n Surgery	☐ Breast Biopsy(ie ☐ Mastectomy			□ Arthroscopy □ Spine Surgery □ Thyroid
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