

1/7

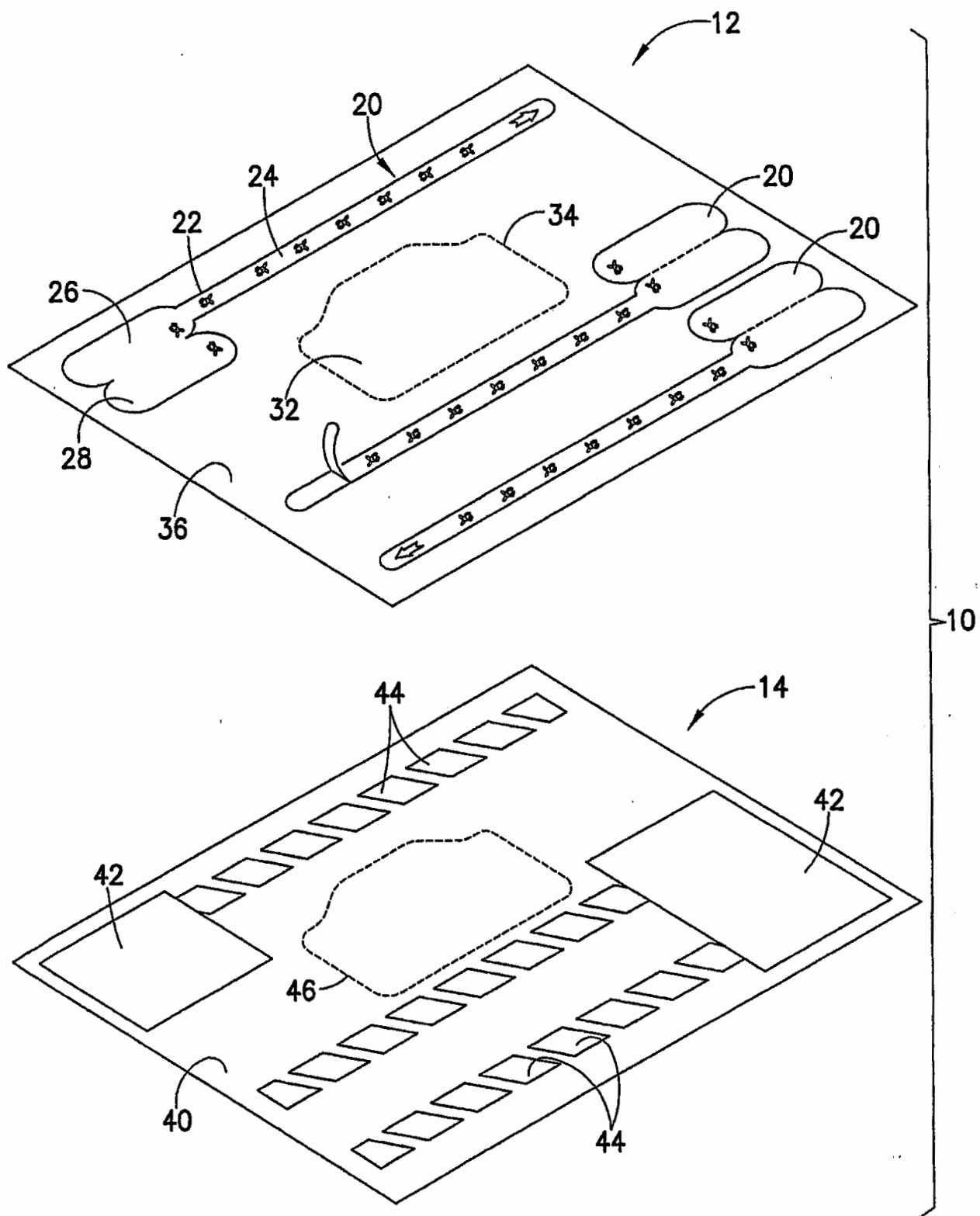


FIG. 1

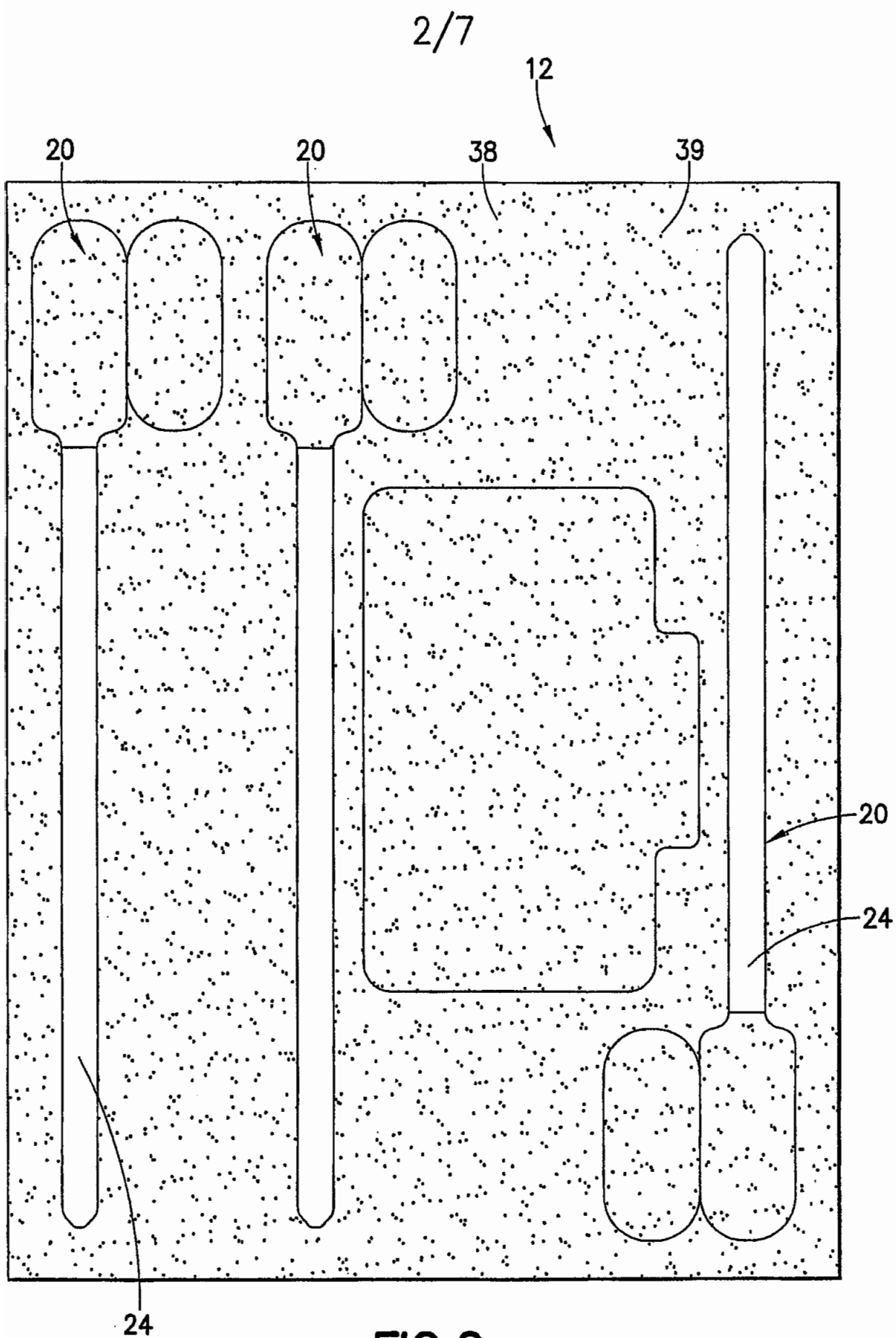


FIG. 2

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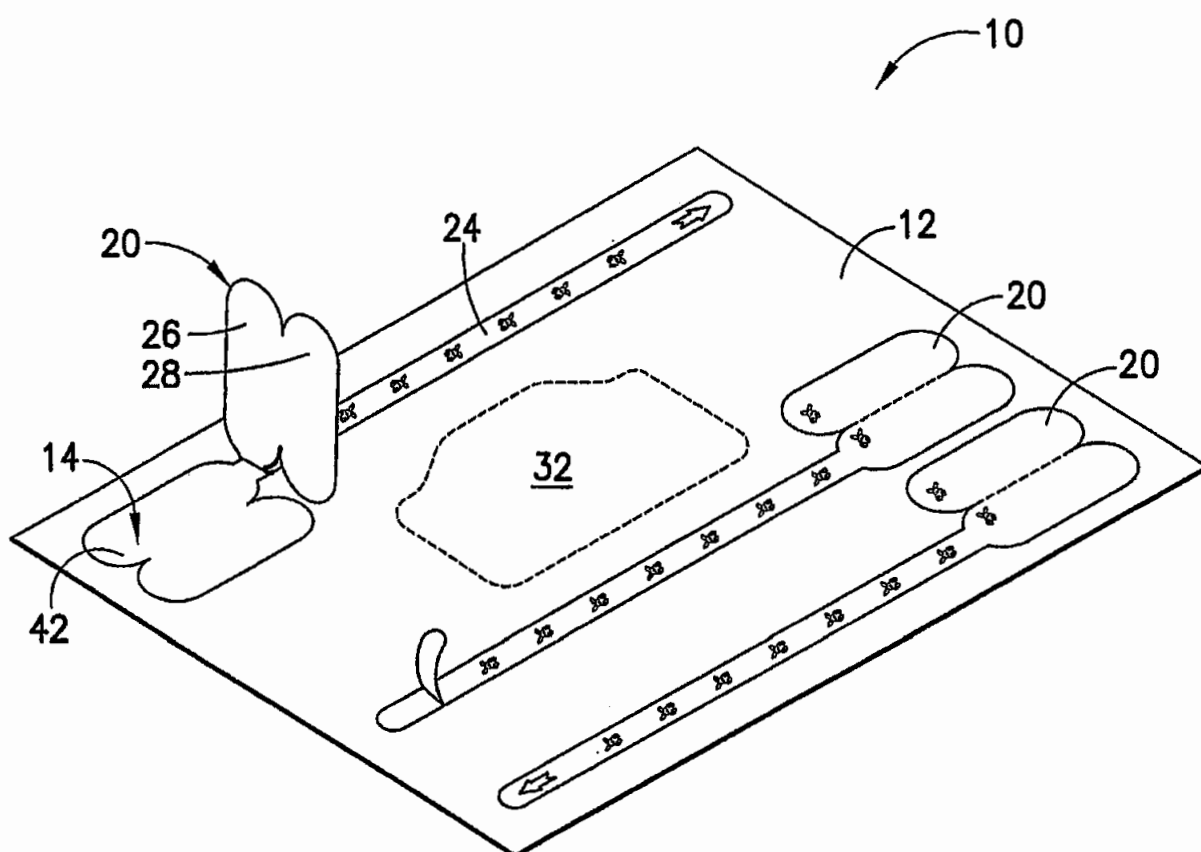


FIG. 3

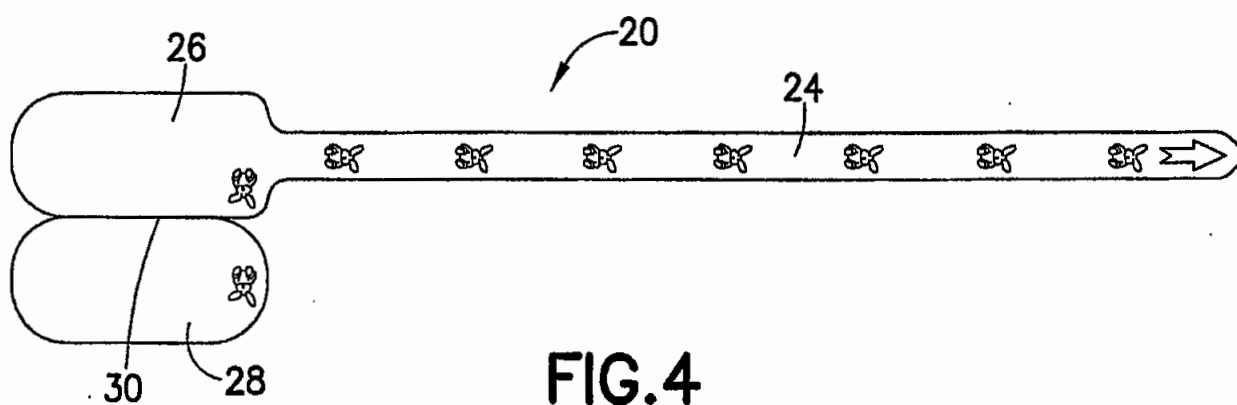


FIG. 4

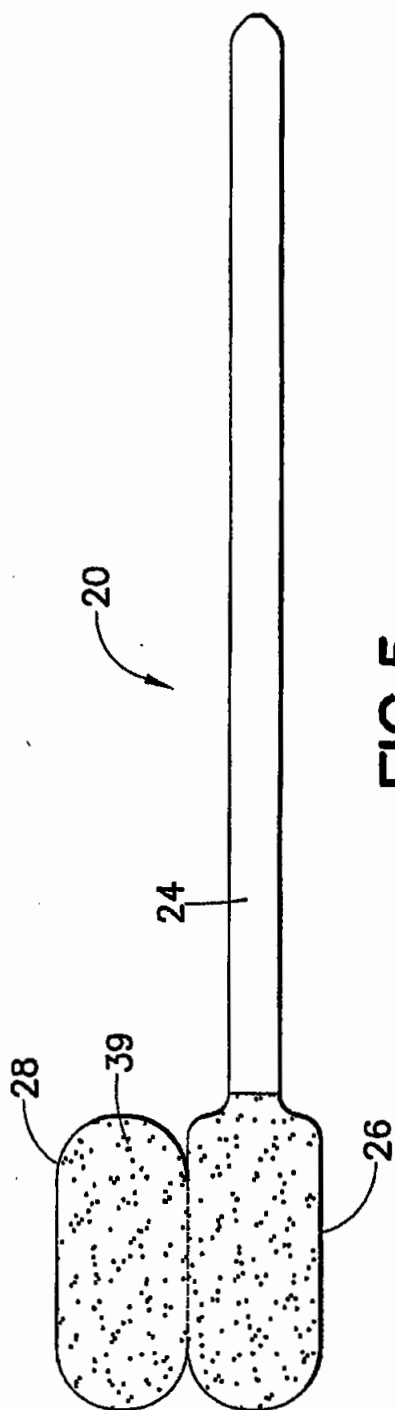


FIG. 5

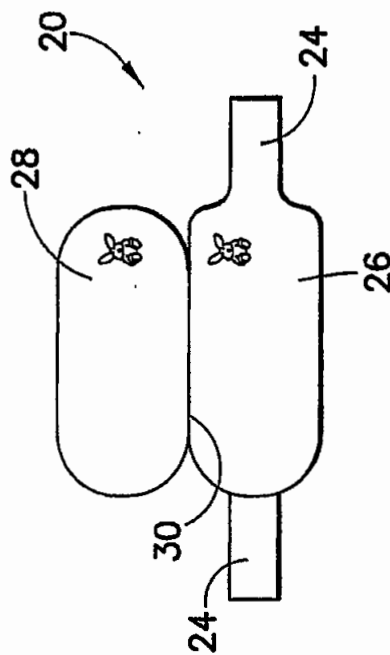


FIG. 6

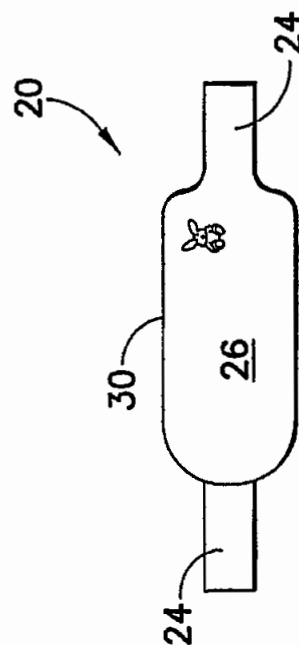


FIG. 7

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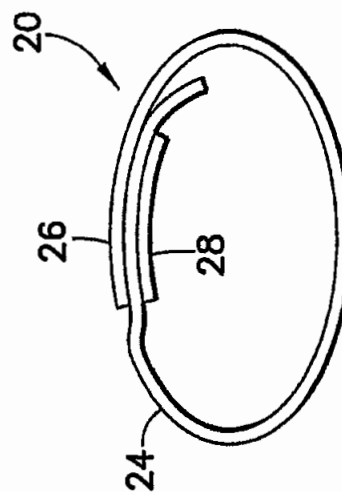


FIG. 8

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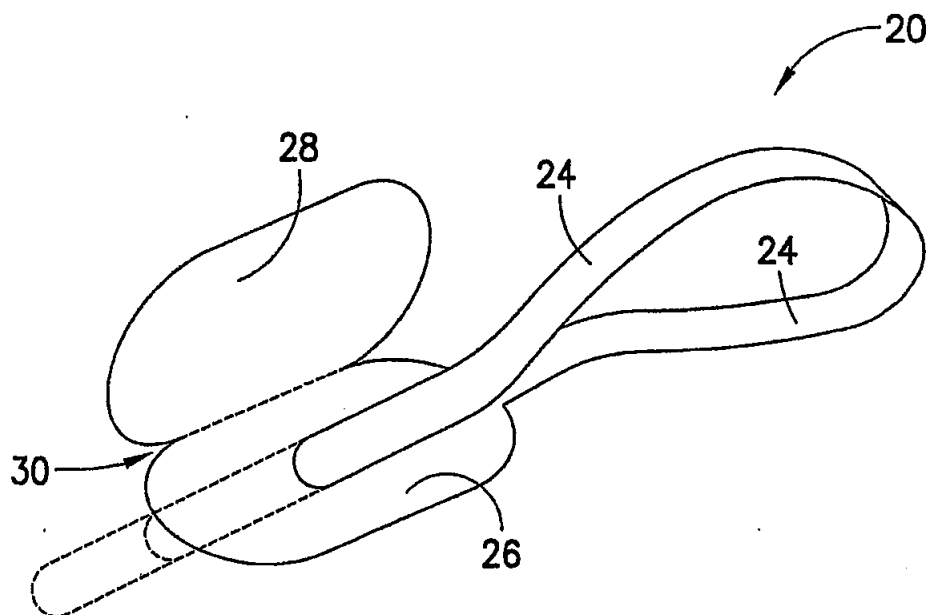


FIG. 9

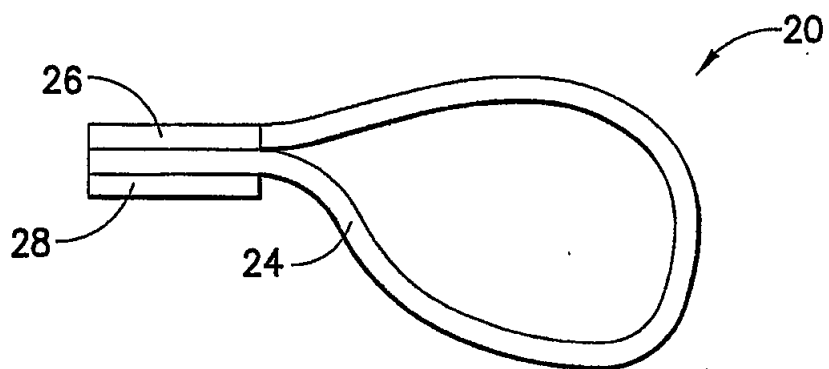


FIG. 10

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52

62

68

66

60

60

60

72

Baby Name _____
D.O.B. _____
Acct. # _____
Medical Record No. _____

Baby Name _____
Date _____

Baby Name _____
Date _____

Baby Name _____
Date _____

Baby Name _____
Date _____

Baby Name _____
Date _____

Baby Name _____
Date _____

78

70

Baby Name _____
D.O.B. _____
Mother _____
Acct. # _____
Medical Record No. _____

Baby Smith
DR.: William Freandly
D.O.B.: 11/30/04
32340879
SEX: F
ALLERGIES: Penicillin
32340879

64

76

Baby Name _____
D.O.B. _____
Acct. # _____

Baby Smith
DR.: William Freandly
D.O.B.: 11/30/04
32340879
SEX: F
ALLERGIES: Penicillin
32340879

62

FIG. 11

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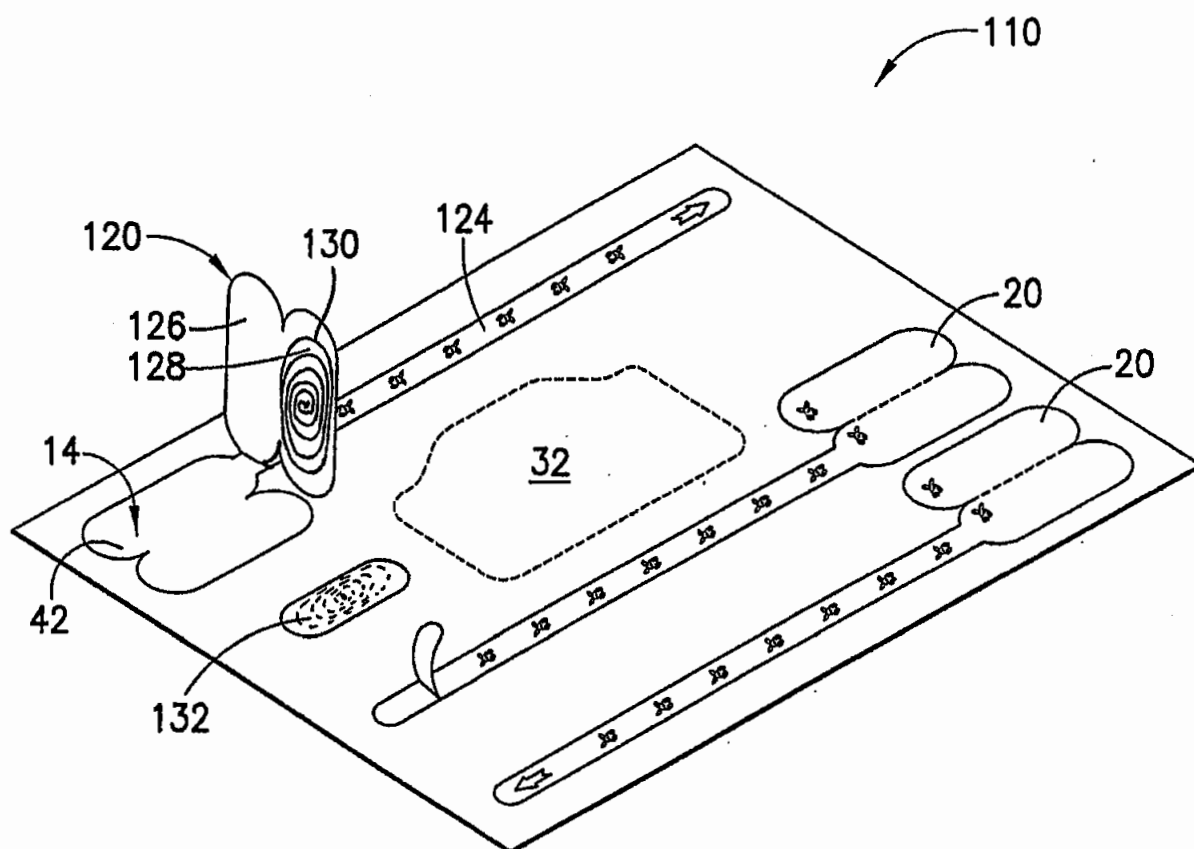


FIG. 12

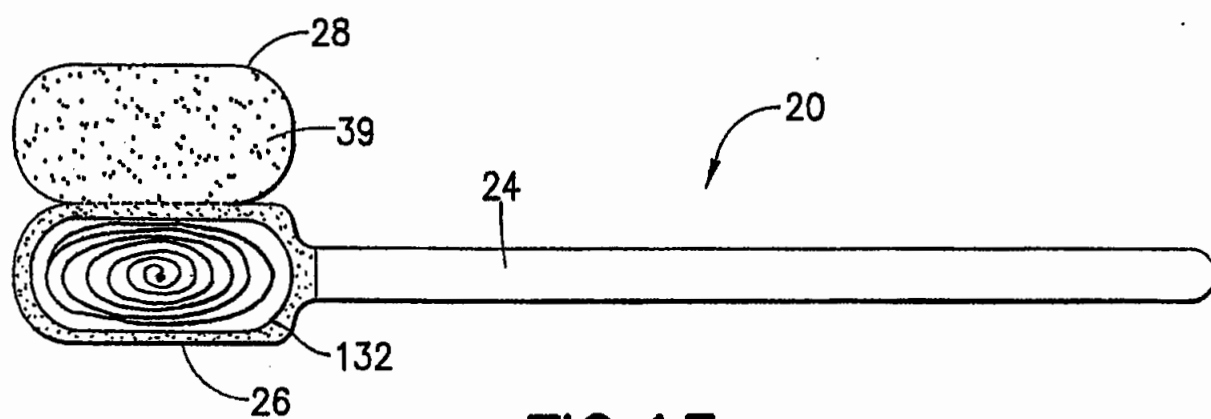


FIG. 13