

Check in

NAME: _____

WEIGHT: _____

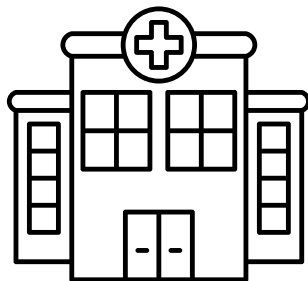
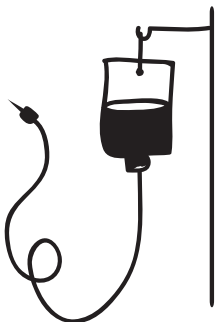
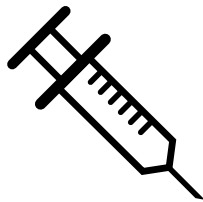
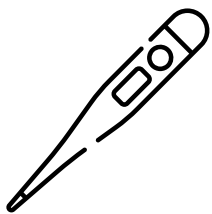
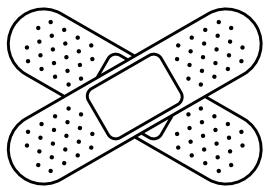
HEIGHT: _____

TEMPERATURE: _____

How does the patient look?



Treatment plan



Draw a picture of your patient.

