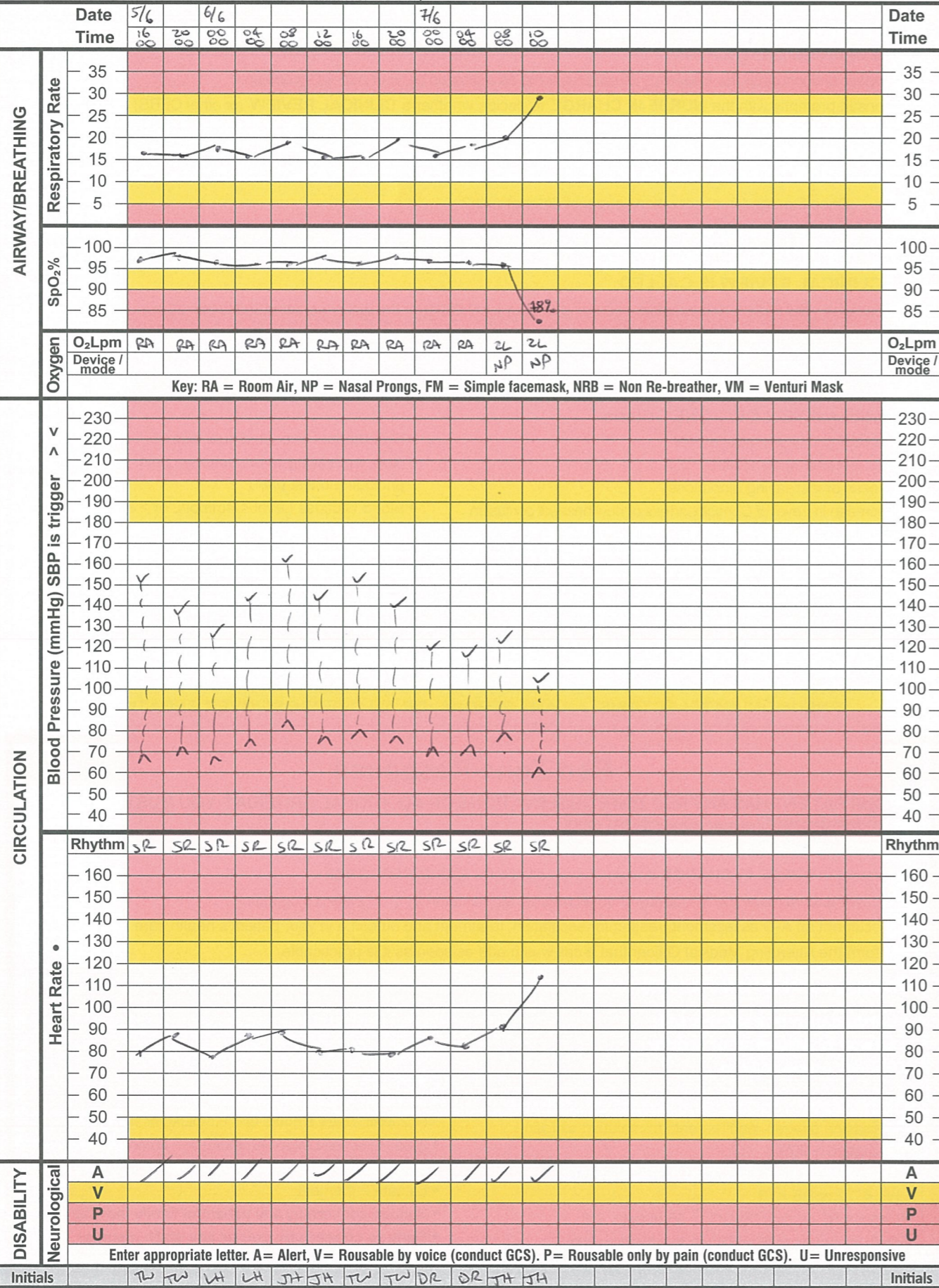


FAMILY NAME **CARTER** MRN **281196**
 GIVEN NAME **HELEN** MALE FEMALE
 D.O.B. **30/09/31** M.O. **DAVID ROHR**
 ADDRESS _____
 LOCATION **SURGICAL**

STANDARD ADULT GENERAL OBSERVATION CHART

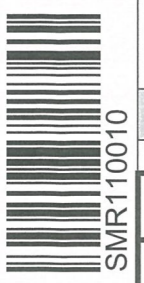
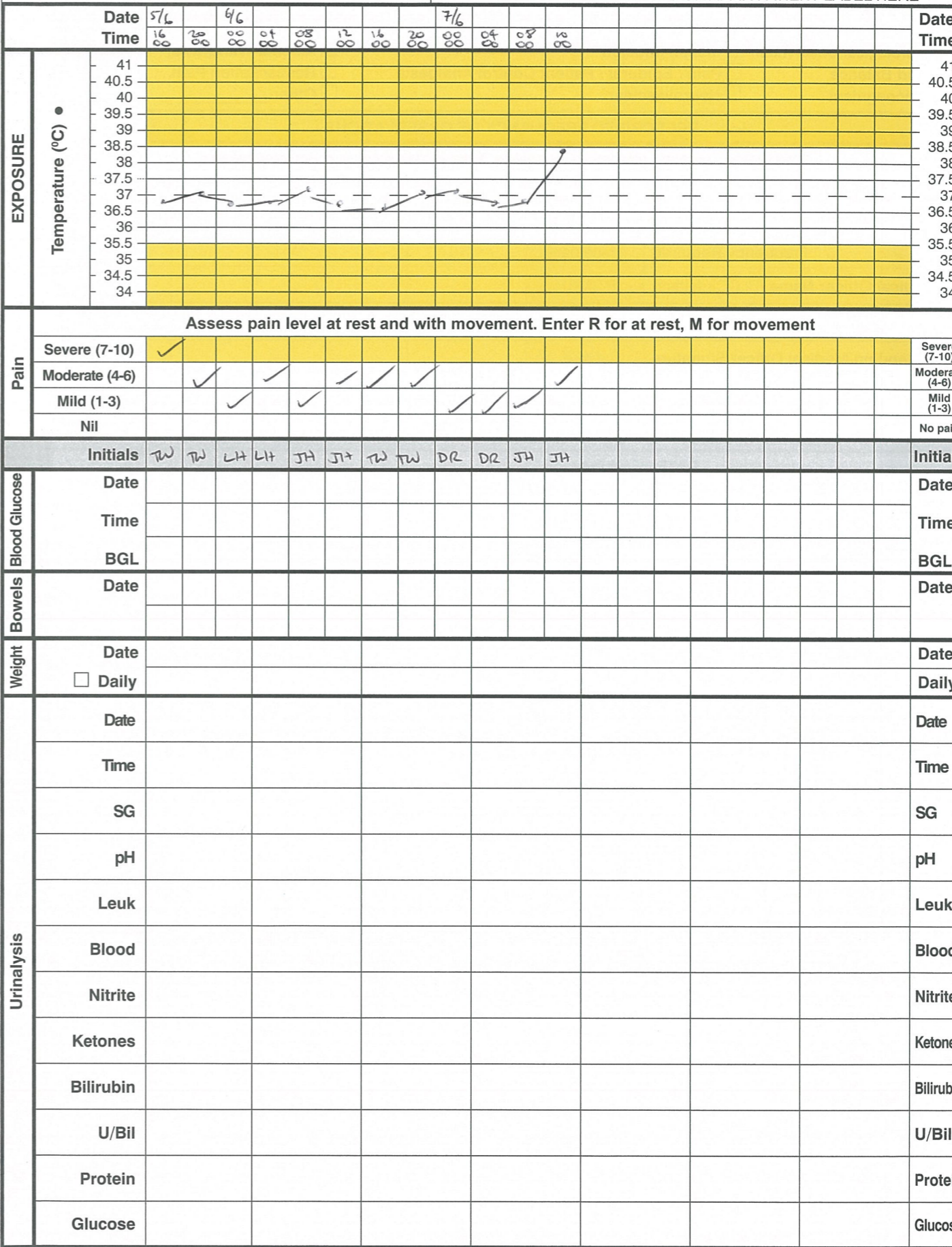
Altered Calling Criteria
 ALL OBSERVATIONS MUST BE GRAPHED COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE



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Holes punched as per AS2828.1:2012
 BINDING MARGIN - NO WRITING