

DOCTOR: _____

IF FOUND, PLEASE CALL CHILDREN'S HEART CENTER AT 732-1290

DATE: _____

PATIENT'S NAME / HOSPITAL STICKER	LOC	MD INITIALS	Service (Circle)	Othr. Srvs.		
		visit MD	Cs Cx ExR R B	EKG	JOB #1	JOB #2
			ER-Cx ER-Reg	DT 1hr 2hr	DX	
	echo MD	E-Comp MOD 22 E-Ltd	AH10	COMMENTS		
		NONCONGENITAL	TEE	RECALL	MD	
		visit MD	Cs Cx ExR R B	EKG	JOB #1	JOB #2
			ER-Cx ER-Reg	DT 1hr 2hr	DX	
	echo MD	E-Comp MOD 22 E-Ltd	AH10	COMMENTS		
		NONCONGENITAL	TEE	RECALL	MD	
		visit MD	Cs Cx ExR R B	EKG	JOB #1	JOB #2
			ER-Cx ER-Reg	DT 1hr 2hr	DX	
	echo MD	E-Comp MOD 22 E-Ltd	AH10	COMMENTS		
		NONCONGENITAL	TEE	RECALL	MD	
		visit MD	Cs Cx ExR R B	EKG	JOB #1	JOB #2
			ER-Cx ER-Reg	DT 1hr 2hr	DX	
	echo MD	E-Comp MOD 22 E-Ltd	AH10	COMMENTS		
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		NONCONGENITAL	TEE	RECALL	MD	