

Senior Resident :

Date:

Page:

R1:

CC:

CC:

Sticker	Time:	Location:	Housestaff:
	Hx:		Things to do/check: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Screened	<input type="checkbox"/> Admitted <input type="checkbox"/> Holding Disposition:	<input type="checkbox"/> Staff Reviewed
Sticker	Time:	Location:	Housestaff:
	Hx:		Things to do/check: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Screened	<input type="checkbox"/> Admitted <input type="checkbox"/> Holding Disposition:	<input type="checkbox"/> Staff Reviewed
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