

□ CHECK UP CHECK LIST □

□ Height _____

□ Weight _____

□ Temperature _____

□ Heart Rate _____

□ Blood Pressure _____

□ Eyes glasses? YES or NO

□ X-RAY FULL BODY or LIMB

Patient
Entranc







Doctor
Check
In



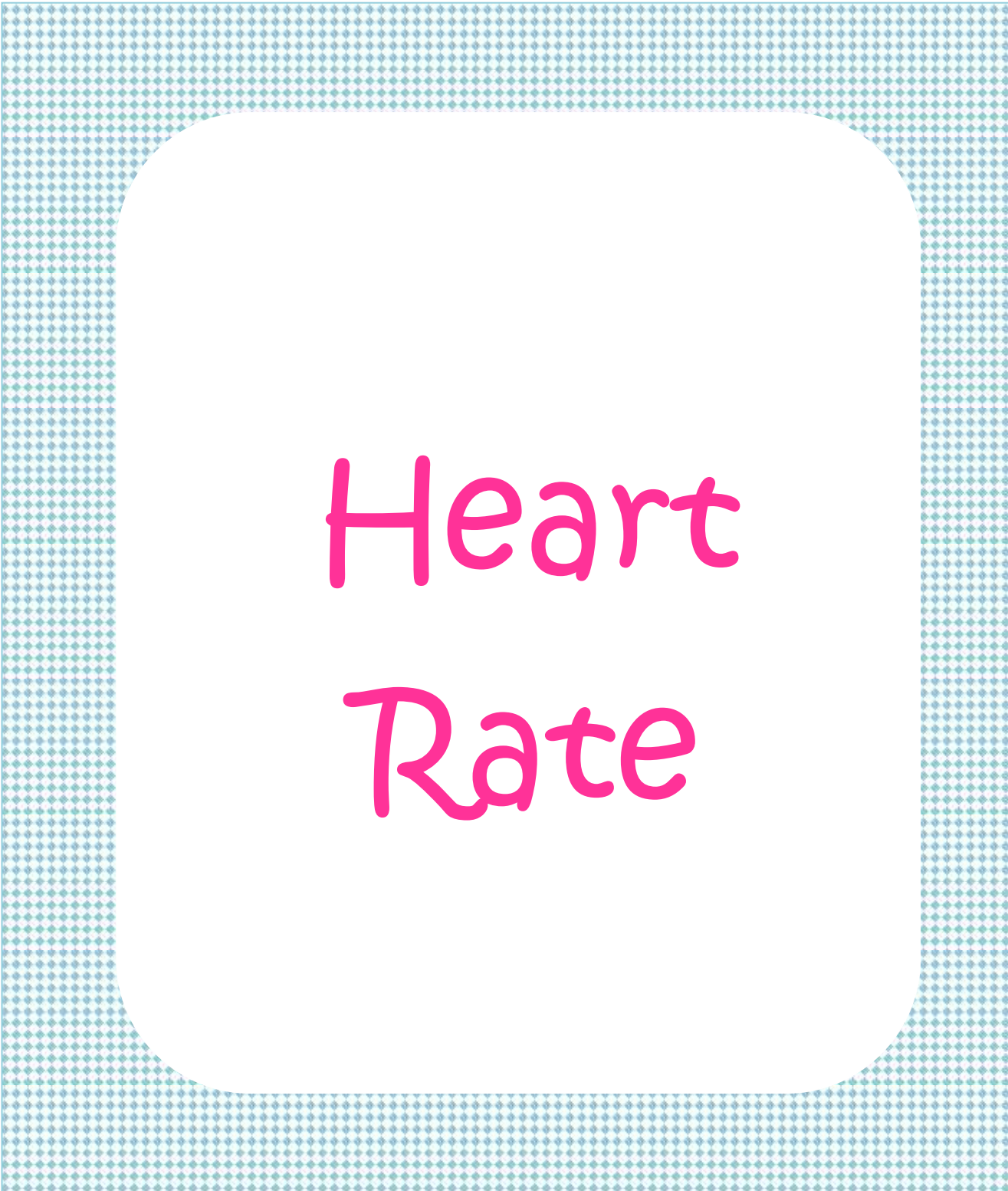
Patient
Check
In



X Ray



Height



Heart Rate



Weight



Eye
Check



Blood Pressure



Temperature



Kisses for your boo boo!



Kisses for your boo boo!



Kisses for your boo boo!



Kisses for your boo boo!

E

F P

T O Z

L P E D

P E C F D

E D F C Z P

F E L O P Z D

B I R T H D A Y

