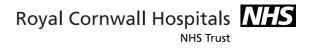
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Haematology / Obstetric Clinic - Follow-up appointment record

Diagnosis:				
Date:	Time:	Weigh	nt:	BP:
Urine:	Pulse:	02 sa	ts:	
Haematology review and plan			EDD:	
Daint a susses			Company (Thomas has	
Print name: Signature:			Consultant / Thrombosis	s nurse:
Obstetric review and	d plan			
Print name:			Designation:	
Signature:				

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Diagnosis:							
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