

**Name**

Admission Date

Age

Sex

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**Presentation**

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**Hx**

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**Medications**

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**Medications (cont)**

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**Plan/To Do/Misc**

Smoker

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**PFT**

FEV1/FVC ratio

FEV1

FVC

DLCO

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**Imaging**

EKG

CT

RHC

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**ROS/PE**

#General

#Neuro/Psych

#CV

#Pulm

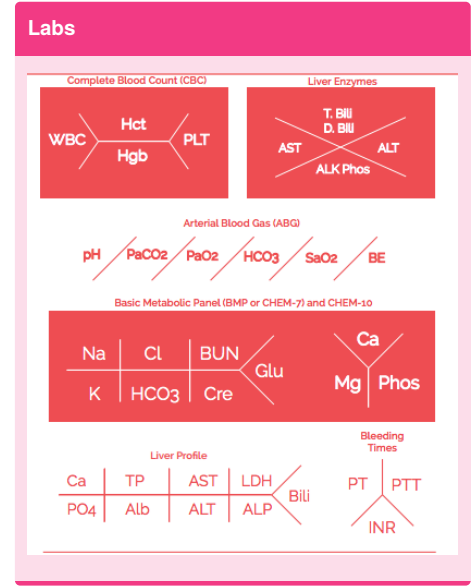
#GI

#Renal

#Endo

#ID

#Pain



**Weight**

Today

Yesterday

Admit

Baseline

**Intake/Output**

In

Out

24/hr

Since Admit

.

**Vital**

Temp

HR

BP

MAP

O2

.

