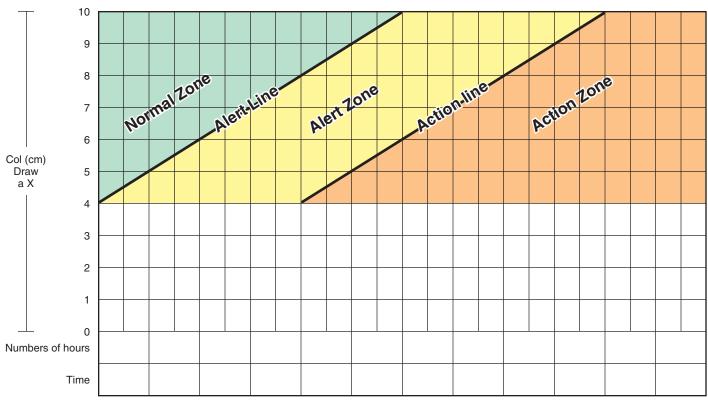
## OBSTETRICAL FILE PARTOGRAM



Family name at birth	Given name(s)					
Health Insurance Number						
Address						



© SOGC Partogram

Year	Date Month	Day	Time	Medication and solution (write the date, time, name, quantity and route of administration)	Initials
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