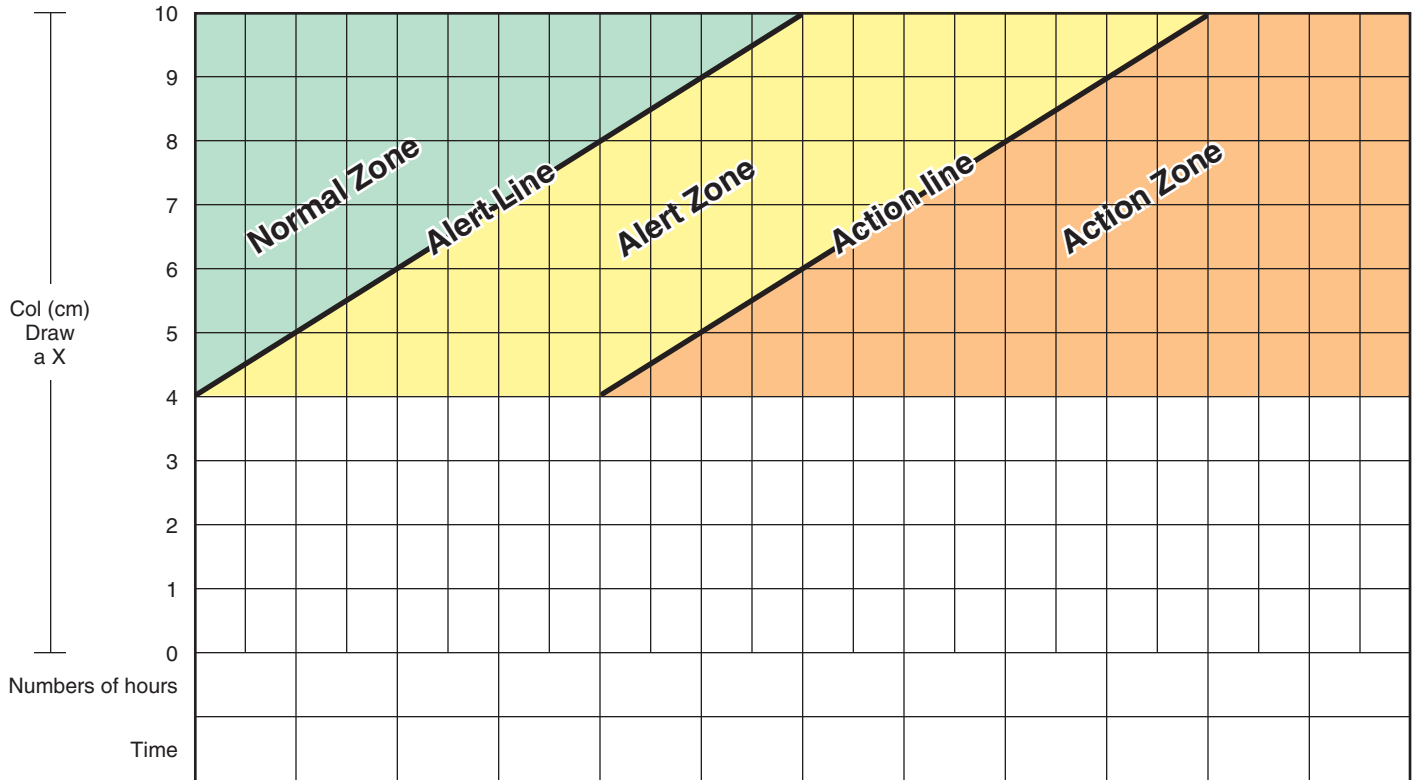


**OBSTETRICAL FILE
PARTOGRAM**



DT9131

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



© SOGC Partogram

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