

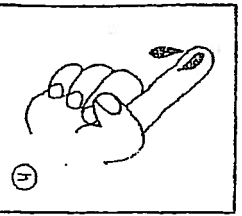
Patient Name \_\_\_\_\_

Age 5 or 6 or 7

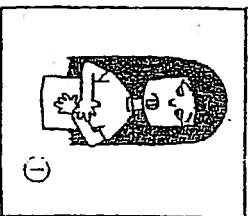
Sex Male Female

Doctor's Name \_\_\_\_\_

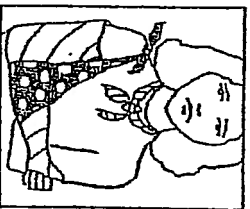
Symptoms:



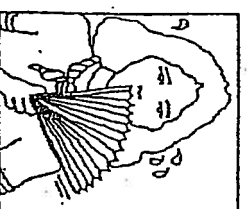
Bleeding



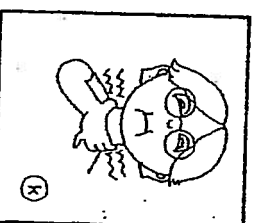
Stomach Ache



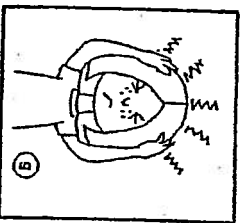
Broken Bone



Fever



Sore Throat

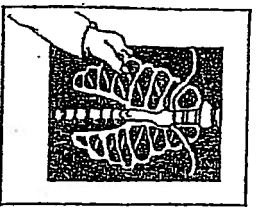


Headache

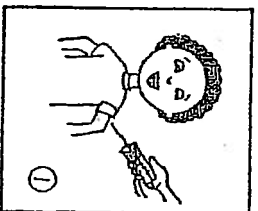


Coughing

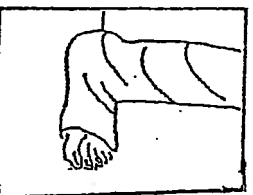
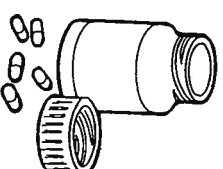
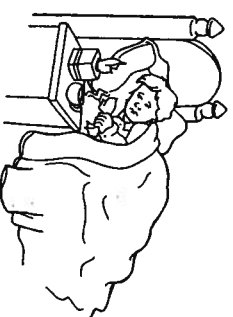
Procedures:



X-ray



Injection



Cast

