	PARTOGRAF FORMU	Doküman Kodu	DH.FR.01
		Yayın Tarihi	07.08.2017
		Revizyon No	0
		Revizyon Tarihi	0
		Sayfa No	1

PARTOGRAF

Hasta Adı Soyadı:	Gravida:	Parite:	Protokol No:
Yatış Tarihi:	Başvuru Saati:	Membran Rüptürü: .....saat	

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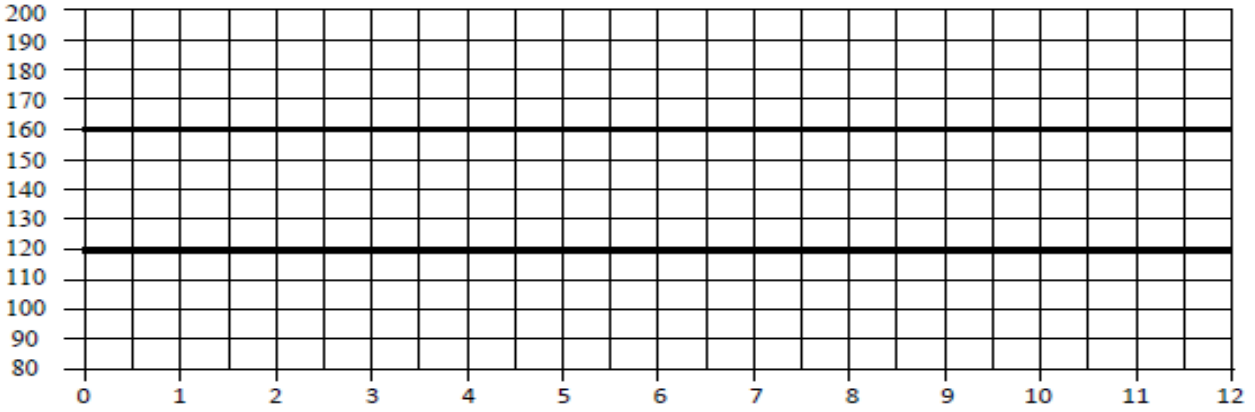

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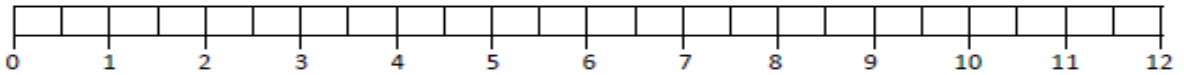
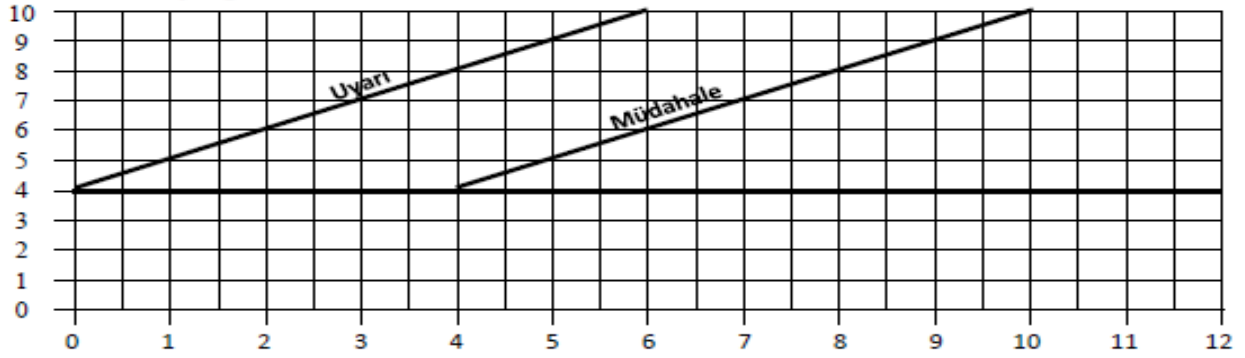


Serviks Açıklığı



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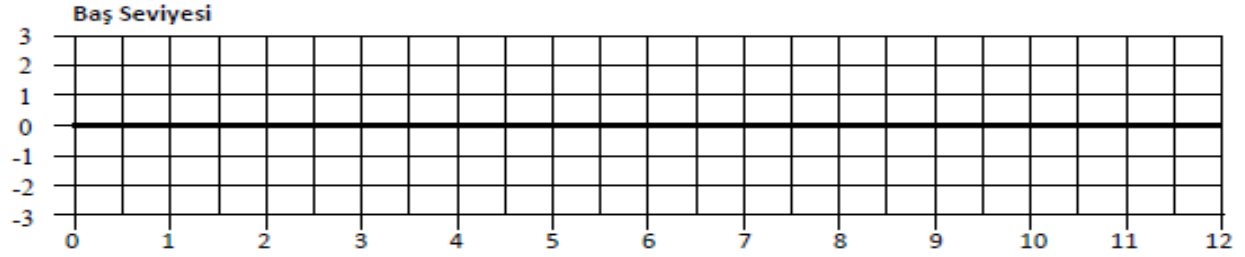
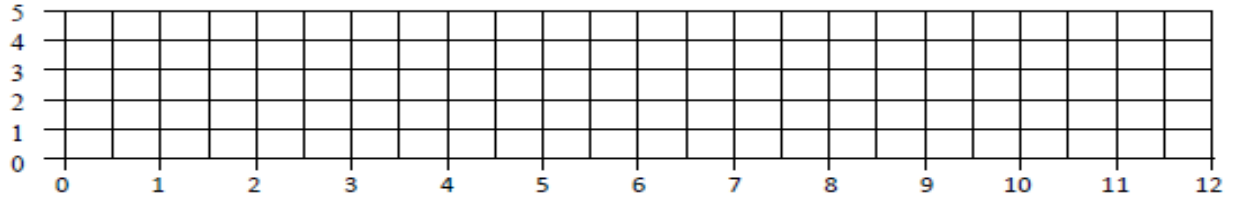


Kontraksiyon Süresi



İzlem Yapanın Adı Soyadı: Başlama Saati:

İzlemi Devir Alanın Adı Soyadı: Başlama Saati: