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Safety Culture & App Store Google Play			
Title Page			
Patient name			
Assigned Healthcare Practitioner			
Conducted on			
Location		Q	
S - Subjective			
What the patient tells you			
Add supporting photos (optional)		0	

## **O - Objective**

What you see

Add supporting photos (optional)

## A - Assessment

What you think is going on

## P - Plan

What you will do about it

## Name & Signature of Attending Medical Practitioner

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