



PT. _____

PROBLEM LIST/HEALTH MAINTENANCE

DIAGNOSIS	IMMUN.	DATE	DATE	DATE	DATE	DATE
	PNEUM					
	TETNUS					
	FLU					
HEALTH MAINTENANCE	PPB	DATE	DATE	DATE	DATE	DATE
	MAMMO					
	COLON					
	BMD					
	GXT					
	ECHO					
	PFT					