TAKE CHARGE TRANSPLANT

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Name

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 Date

Basic Informat	tion	A A		***	TO			7	0	150		
Date of birth	Primary disease	Date of transpl	ant	Total fluid intake	Diet		Pre-transplant		Allergies			
	•						CMV	EBV	BK			
Important Heal	Ith Contact	\$ U	Di	ialysis	C 151	IKIEU U				4-1:10\60	*-	
Name	Role/Position	Number	Ty	ype		Access	type			Date started	Date finishe	
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		-	0	perations			O '	Ē	balanta bilan	$=\sim$		
			D	ate Type)	Sı	ırgeon			Comment		
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Reminders	DOUB NET	TANIONATA	,									
NGIIIIIIQGI 5	Last done	Next due										
Blood work	Last done	Next due	G**									
Every 1 month				omplications	<u> </u>	100		-	Ø,	1 2-0		
Clinic visit				Rejection episodes			Other complic			nations		
Skin check Every 3 months				ate Type		Treatment		Date	Jorribii	· · · · · · · · · · · · · · · · · · ·	Treatment	
Dentist				.,,,,						.,,,,,,		
Every 6 months										† †		
Ophthalmologis	st		A									
Every 1 year												
PAP smear* Every 1 year			AT .									
* if female and	sexually active	ALC TA		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				,,	A . U	1000-1	3 // \	

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	Date	Weight		Blood press	ure	Creatinine		Choose ot	her	Choose other	Choose other
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\ \ \	Medications	1	*	6.0		記以	Missed	1edications	_اطلبار		JIII WILLIAM
	Name		Dosa	ge	Freque	ncy	Date	Nam	е		Reason
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	Date	Clinic / Person		Reason					vvnat	I need to rememb	er
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47			Date		Date		Date	a. i
	Diphtheria			Hib		Hepatitis A		want 3
0	Pertussis			Varicella		Hepatitis B		# =
	Tetanus			Pneumo Conjugate 13		Human Papillomavirus		600
0	Measles			Pneumo Polysaccharide		Influenza		
\	Mumps			Men C Congugate		Other		an
T	Rubella			Men ACYW Congugate				7 [] [] []
H	Polio IPV							i lellel
	Thoughts/Feelings/0	Ouestions	n §	00 RE 18 1000	<u> </u>		STAMMINH STAMMINH	200
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