

Name		Code		Iso?		7	To-Do: <input type="checkbox"/>	
Age		Attending		Diet		8		<input type="checkbox"/>
Room#		Consults		Allergies		9		<input type="checkbox"/>
Admit Date / Dx						10		<input type="checkbox"/>
Situation		PMH		Tests		11	<input type="checkbox"/>	
						12	<input type="checkbox"/>	
Neuro	CV	CP	GI			1	<input type="checkbox"/>	
						2		
GU	Skin	Pain	IV			3		
						4		
Labs	BG	Plan				5		
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