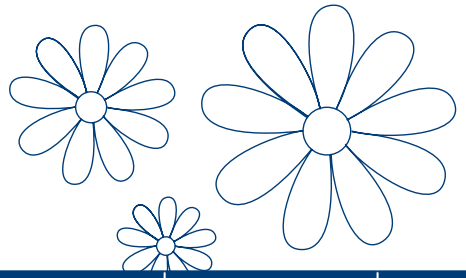
DATE: _____



Lovelace
Cancer Center
505.727.3040

Vital Signs/Lab Flowsheet

DATE	WT	B/P	HR	TEMP	NE#	HGB	HCT	PLT

REV 0618