

فرم مشاهدات:

استان:	مرکز / بیمارستان:	شروع و خاتمه مشاهده (به دقیقه و ساعت):	امکانات موجود
شهر:	بخش:	مدت زمان مشاهده (به دقیقه):	<input type="checkbox"/> سینک:
دانشگاه علوم پزشکی:	تاریخ:	شماره جلسه:	<input type="checkbox"/> محلول
		سمت مشاهده گر:	<input type="checkbox"/> دستمال
			<input type="checkbox"/> پوستر

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