THE CHILDREN'S MEMORIAL HOSPITAL

	CONSULTATION REPORT			
REQUESTED BY		DATE	_	
CONSULTANT		M.D. DATE	_	
CHECK APPROPRIATE BOX:		18.0.1		
CONSULTATION ONLY	PROBLEM MANAGEMENT	☐ TEACHING/INTEREST	r	
Consultant contacted by: {	J		Doctor	Nurse/Clerk
Reason for Consultation:				
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