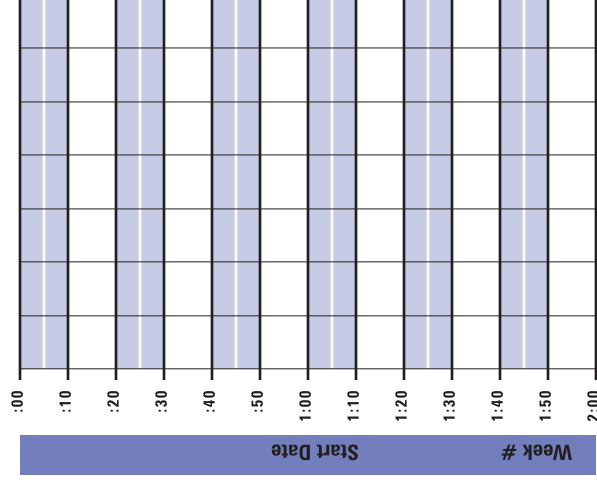




Please bring this chart to every appointment & review with your provider.

DAY	1	2	3	4	5	6	7
START TIME							
END TIME							

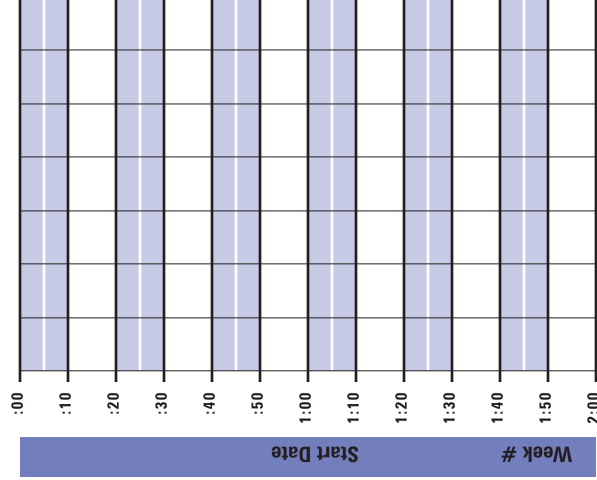
Mom's Weight
 Mom's Tummy
 Mom's Blood Pressure
 Baby's Heart Beat



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DAY	1	2	3	4	5	6	7
START TIME							
END TIME							

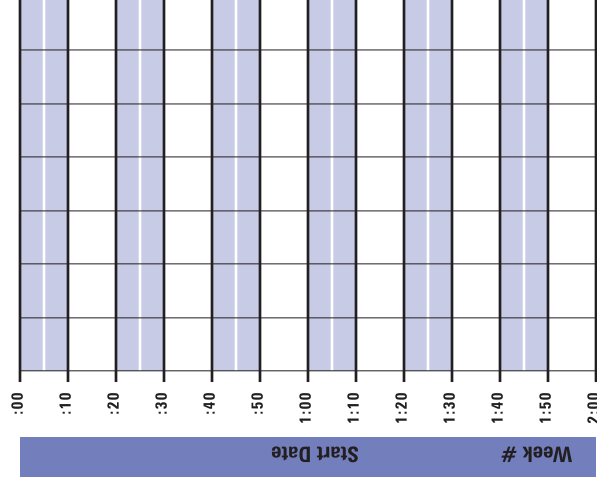
Mom's Weight
 Mom's Tummy
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Please bring this chart to every appointment & review with your provider.

DAY	1	2	3	4	5	6	7
START TIME							
END TIME							

Mom's Weight
 Mom's Tummy
 Mom's Blood Pressure
 Baby's Heart Beat



My First Medical Record

Baby Name