

فرم مشاهدات:

<input type="checkbox"/> سینک:	امکانات موجود	شروع و خاتمه مشاهده (به دقیقه و ساعت):	مرکز / بیمارستان: شهید رجایی
<input type="checkbox"/> محلول		مدت زمان مشاهده (به دقیقه):	بخش:
<input type="checkbox"/> دستمال		شماره جلسه:	تاریخ:
<input type="checkbox"/> پوستر		سمت مشاهده گر: پرستار	نام ناظر:

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