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| Patient’s name | Resident’s name(PL1, PL2) | Patient examined **(Y, N)** | Flu shot ordered**(Y, N, UTD, N/A, PD\*)** | Immunization reviewed **(Y, N)** | Vitals reviewed  | Growth chart reviewed  | WCC visit is UTD(Y/N) | CaseDiscussed with an Attending(Y, N) | Note reviewed**(Y, N)** | Billing completed**(Y, N)** | Next visit:**S:** **s**cheduled**D:** **D**ocumented in visit summary | **Addendum added****(Y, N)** | **Note assigned to Dr.** | **Note**  |
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