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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) | Case  Discussed 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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