



Pasient Plakker/Patient Sticker

Datum/Date:

Gestation:

Gesk./History:

NVS/NVD

Blood Group:

Episiotomie/Episiotomy: YES NO

Vag. Skeur/Tear 1st 2nd 3rd

Syntocinon

Syntometrine

Other

Nota/Notes:

Keisersnit/Caesarean

Indikasie/Indication

Syntocinon

Syntometrine

Other

Notas/Notes:

Post Partum

Signature: _____

OBGYN: _____