**MATERNITA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **C.C MADRE N**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANAMNESI MATERNA**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARTO** : TC PS **DATA:** \_\_\_\_\_\_\_\_\_ **ORA :** \_\_\_\_\_\_ **ETA’ GESTAZIONALE** \_\_\_\_\_\_\_\_\_\_\_

**PARAMETRI AUXOLOGICI**

**PESO**: \_\_\_\_\_\_\_\_\_\_ **LUNGHEZZA**: \_\_\_\_\_\_\_\_\_\_ **CC:** \_\_\_\_\_\_\_\_\_\_\_\_  **SESSO**: \_\_\_\_\_\_\_\_\_\_

**ESAME OBIETTIVO:**

**CUTE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASPETTO DEL CORDONE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PRESENZA DI ANOMALIE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MALFORMAZIONI EVIDENTI** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FIRMA e TIMBRODEL MEDICO