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type="checkbox"/> 761.0 Incompetent Cervix Complicating Preg.		<input type="checkbox"/> 791.9 Ketonuria		<input type="checkbox"/> 656.63 Large For Dates		<input type="checkbox"/> 791.9 Leukocytes in Urine		<input type="checkbox"/> 761.7 Malpresentation (Breech)		<input type="checkbox"/> 632 Missed AB		<input type="checkbox"/> 787.01 Nausea & Vomitting		<input type="checkbox"/> 761.2 Oligohydramnios		<input type="checkbox"/> 641.13 Placenta Previa W / Hemorrhage		<input type="checkbox"/> 642.43 Pre-eclampsia (mild)		<input type="checkbox"/> 642.53 Pre-eclampsia (severe)		<input type="checkbox"/> 641.03 Placenta Previa Without / Hemorrhage		<input type="checkbox"/> 646.23 Proteinuria		<input type="checkbox"/> 761.2 Polyhydramnios		<input type="checkbox"/> 656.13 RH Incompatibility		<input type="checkbox"/> 656.53 Small For Dates		<input type="checkbox"/> 644.03 Threatened Preterm Labor		<input type="checkbox"/> 640.03 Threatened Abortion		<input type="checkbox"/> 651.03 Twin 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Follow-up: _____ Days _____ Weeks _____ Months	<b>TOTAL FEE</b>	<b>TOTAL PAID</b>
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