



# notes on my pregnancy

date \_\_\_\_\_

Additional questions for the doctor: \_\_\_\_\_

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Areas of concern: \_\_\_\_\_

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date \_\_\_\_\_

Additional questions for the doctor: \_\_\_\_\_

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Areas of concern: \_\_\_\_\_

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date \_\_\_\_\_

Additional questions for the doctor: \_\_\_\_\_

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Areas of concern: \_\_\_\_\_

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date \_\_\_\_\_

Additional questions for the doctor: \_\_\_\_\_

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Areas of concern: \_\_\_\_\_

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Additional questions for the doctor: \_\_\_\_\_

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Areas of concern: \_\_\_\_\_

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date \_\_\_\_\_

Additional questions for the doctor: \_\_\_\_\_

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Areas of concern: \_\_\_\_\_

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