ubuntu EDUCATION FUND

Ubuntu Education Fund-Doctor Log Sheet

Client Information	**Doctor services rendered (Tick all that apply)**	
Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester
Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester
Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester
Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester
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Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester
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Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester
Date: Case #: Surname, Name:	□Doctor screening □Ultrasound Given-First trimester	□ Doctor follow up visit □ PMTCT Pre-Ultrasound Given-Second trimester

Doctor's Signature: _______________________________ **Date of visit:** ______________________________

M and E Reviewer: ___________________________ **Date of Submission:** _____________________________

Error log: ____