(Appendix 3) OPD Card **ASthma clinic** โรงพยาบาล.....

ชื่อ.....นามสกุล.....HN..... Asthma No.....

Predicted PEFR.....L/min

Date	Day symptoms	Night symptoms	Bronchodilator used	Unschedule Clinic/ER visit	Admission	Adverse effect	PEFR (L/min , %)	Previous treatment	New treatment

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