**Disaster Census Unit: L&D AP PP**

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| **Patient sticker or write-in for Mother** | **Mom’s Location/**  **Destination** | **Patient sticker or write-in for Baby** | **Baby’s**  **Location/**  **Destination** |
| **Name:**  **MRN:**  **DOB:** |  | **Name:**  **MRN:**  **DOB:** |  |
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