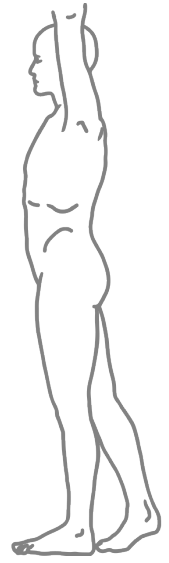
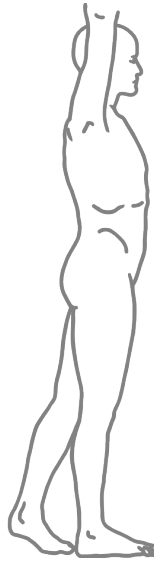
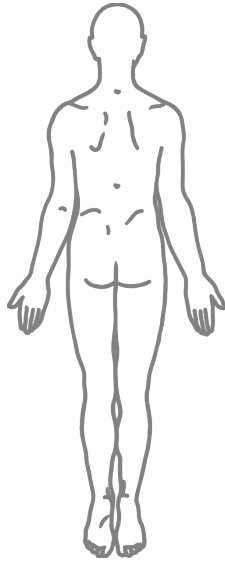
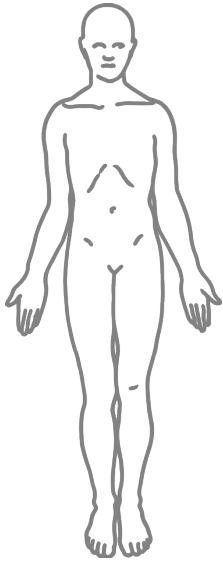




PATIENT NAME:

START DATE:

PATIENT RECORD FORM
DIAGNOSIS:



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DISCHARGE DATE:

OUTCOME:

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