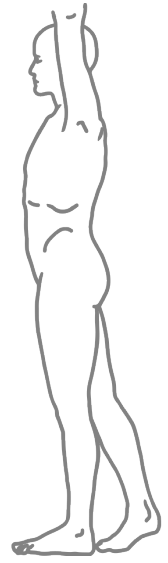
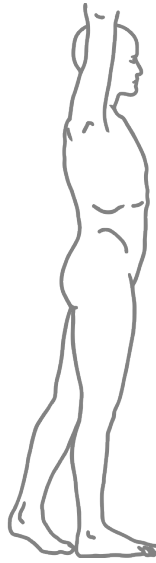
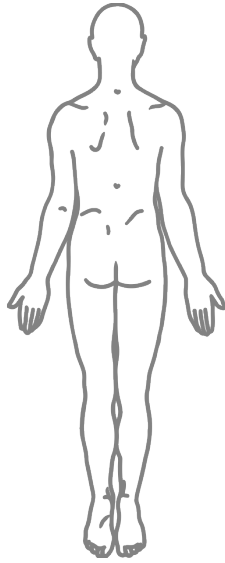
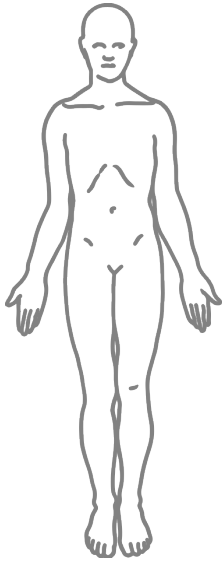




PATIENT NAME:

START DATE:

PATIENT RECORD FORM
DIAGNOSIS:



0 1 2 3 4 5 6 7 8 9 10



TREATMENTS GIVEN (INCLUDE RETURN DATES AND SIGNATURE)

S:

O:

A:

P:

DISCHARGE DATE:

OUTCOME:

0 1 2 3 4 5 6 7 8 9 10

