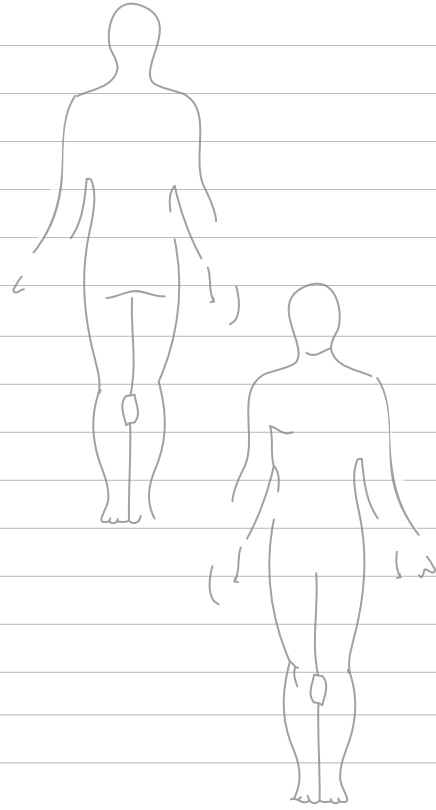


Patient Name:

Date:

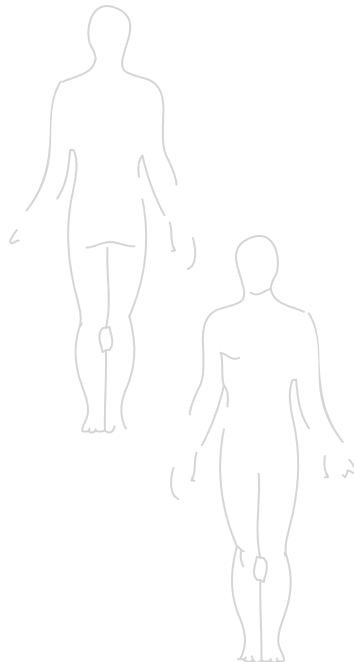
Reason for Visit:



*Physician's Use Below*

*Subjective Complaints:*

*Diagnosis:*



*Objective Findings:*

*Treatment Consisted of:*

*Treatment Plan/Follow up:*

*Time Spent:*

*Physician's Signature:*