MEDICAL VISIT RECORD

Name:_____

Date of Visit:_____   **Name of Physician/Doctor**:_____

Reason for Visit - What you observed:_____

_____

    What consumer said was wrong:_____

_____

Dr.'s Recommendation (i.e., medication, bed rest, diet, etc.):_____

_____

Plan for Follow-up (i.e., another app't scheduled, lab work to be done, etc.):_____

_____

Person making entry:_____ **Date**_____

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