

DR	DATE	TIME
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REASON FOR VISIT

QUESTIONS / CONCERNS

DIAGNOSIS

COMMENTS / NOTES

PRESCRIPTION	INSTRUCTIONS
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<input type="radio"/> CANCELED	RESCHEDULED FOR
<input type="radio"/> COMPLETED	FOLLOW UP

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QUESTIONS / CONCERNS

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STUDIO L2E

STUDIO L2E

**HEALTH APPOINTMENTS**

DOCTOR

DENTIST

EYE

**CLOTHING SIZES**

UPDATED

SHIRT

PANTS

UNDERWEAR

SOCKS

SHOES

**SCHOOL**

PHONE

ABSENT LINE

WEBSITE

ADDRESS

**TEACHER**

EMAIL

WEBSITE

<b>DOCTOR</b>
PHONE
WEBSITE
AFTER HOURS
<b>MEDICAL INSURANCE</b>
POLICY
WEBSITE
PHONE
<b>DENTIST</b>
PHONE
WEBSITE
AFTER HOURS
<b>DENTAL INSURANCE</b>
POLICY
WEBSITE
PHONE
<b>EYE DOCTOR</b>
PHONE
WEBSITE
AFTER HOURS
<b>VISION INSURANCE</b>
POLICY
WEBSITE
PHONE

STUDIO L2E

STUDIO L2E

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QUESTIONS / CONCERNS		
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