

# Today's Visit

Main reason for today's visit:

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Other concerns I would like to discuss if there is time:

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Check all that apply:

- I have prescriptions that need to be refilled.
- I need a school or work excuse.
- I need a referral for my insurance company.
- I need the attached forms filled out.

Patient's name:

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Date of birth: \_\_\_/\_\_\_/\_\_\_

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