

[COMPANY NAME]
[COMPANY ADDRESS AND PHONE NUMBER]

Patient: _____

Date: _____

This patient has been treated at our clinic on the following dates and times:

Monday	Date: _____	Time: _____
Tuesday	Date: _____	Time: _____
Wednesday	Date: _____	Time: _____
Thursday	Date: _____	Time: _____
Friday	Date: _____	Time: _____

If you have any questions, please feel free to contact us.

Therapist Signature: _____