ННА	

Therapist: PT OT SLI	P PTA COTA Speech As	sistant
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DATE	PATIENT'S NAME	TIME IN	TIME OUT	VISIT CODE	PATIENT'S SIGNATURE

V	ici	it	Cod	DC.
٧			COU	CJ.

E= Evaluation	REV= Re-Eval
FL= Follow Up	D= Discharge

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