[YOUR COMPANY NAME]

BILLABLE LOG - ESTABLISHED PATIENTS

Provider

Location Address:

Date 20 _____

Day M T W R F Sa Su

Established Patient Name	Type	Services Provided to Established Patients																							
		Eval	Procedures												Modalities										
																									← Unique Code
		Re-eval	Therap. Exer	Neuro Reed	US	JM	Group Therapy	Ther. Act's	STM	Gait Traing	TX (manual)	EMS (attend)	MFR	Aquatic Ther.	Unlisted Proc.	Heat	Ice	EMS	Paraffin	TX (mech)	Whirlpool	Ionto	Contrast bath	Diathermy	UV	Other Service

Private **W**orker's comp **M**edicare **L**ien **C**ash

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