#### **Doctor Visit Notes**

Patient Name	:		STAPLE
Date:			BUSINESS CARD HERE
Met with:			
Purpose:			
VITALS:			
Age:	Weight:	Blood Pressure:	
NOTES:			
Follow Up Ite	ms:		
☐ Sent	Doctor's notes to ot	her physicians	
□ Com	plete lab work		
☐ Pres	cription to fill		
☐ Mak	e follow-up appointm	nent	
Othe	r:		
	ical Billing		
I	Fee for Today: \$	□ Insurance □ Co-P	ay: \$
Next Appoints	ment:		



## **Appointment Log**

Date	Who did you see?	Reason & Findings



### **Lab Work Log**

Date	Lab Work	Reason & Findings

Use this form to keep track of the lab work you do and the lab work that needs to be done. Certain preventive services are made available to you under the Affordable Care Act. It pays to take care of yourself.



# **Significent Events and Health History**

Date	Event	Details and Findings

#### **Dental Visit Notes**

Patient Name:			STAPLE
Date:			BUSINESS CARD HERE
Met with:			
Purpose:			
NOTES:			
Follow Up Items:			
☐ Sent Dentist's notes to my primar	ry care physic	cian	
☐ Complete lab work			
Prescription to fill			
□ Other:			
☐ Billing			
Fee for Today: \$	□ Insurance	☐ Co-Pay: \$	
Next Appointment:			



### **Dental Log**

Date	Who did you see?	Reason & Findings