

**McLaren Oakland  
PHYSICAL THERAPY DAILY NOTE**

<b>Date</b> ___/___/___ In: _____ Out: _____	<b>Tx</b>	<b>Time</b>	<b>Pain Scale:</b> ____/10 <input type="checkbox"/> na          <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;">           Signature/Co-Signature: _____ Date/Time _____         </div>
Timed Codes = Total Tx Time =			
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<b>Comments:</b>			



PT.  
MR.#/RM.  
DR.

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