PHONE ENCOUNTER

NAME		PHYSICIAN		SOC. SEC. NO.	
HOME PHONE ( ) -	WORK PHONE ( ) -	BIRTHDATE	ALLERGIES	TAKEN BY	DATE

PROBLEM	FEVER ☐ YES ☐ NO	TIME

PRESUMPTIVE DIAGNOSIS ▶

☐ Rx		REFILLS X_____	PHARMACY
		REFILLS X_____	PHONE ( ) -
☐ ADVICE			

☐ PATIENT NOTIFIED BY ▶	TIME

PHONE ENCOUNTER PROBLEM	DATE		PHYSICIAN

M10243B (8/91)

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PRESUMPTIVE DIAGNOSIS ▶

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