McLaren Flint FLINT, MICHIGAN SPEECH THERAPY DAILY NOTE

Date	Tx	Time	D. O. I. WO. 5	
, ,		i iiile	Pain Scale:/10 □ na	
In:				
Out:				
Timed Codes =	=			
Total Tx Time =	:			
				Signature/Co-Signature: Date/Time
Date	Tx	Time	Pain Scale:/10 □ na	
//				
ln:				
Out:				
Timed Codes =				
Total Tx Time =				
				Cianahura/O- Cianahura
Date	Tu	Time		Signature/Co-Signature: Date/Time
Date	Tx	Time	Pain Scale:/10 ☐ na	
In:				
Out:				
Timed Codes =				
Total Tx Time =				
				Signature/Co-Signature: Date/Time
Comment	s:			
I assessed the r	need, mad	e the skilled	d judgement for the treatment provided, participated with the student for the	delivery of the service and I was present for the entire
treatment session	on on Da	ate and Initial	ls Date and Initials Date and Initials	
orapist oigii	21010/010			PT.

SPEECH THERAPY DAILY NOTE

MR.#/RM.

DR.

McLaren Flint FLINT, MICHIGAN SPEECH THERAPY DAILY NOTE

Date	Tx	Time	Pain Scale:/10	□ na						
//										
In:										
Out:										
Timed Codes =										
Total Tx Time =										
								Signature/Co-Signature:	Date/Time	
Date	Тх	Time								
Jale	1.	Time	Pain Scale:/10	□ na						
In:										
Out:										
Timed Codes =										
Total Tx Time =										
Date	Tx	Time						Signature/Co-Signature:	Date/Time	
Date	1.8	Tille	Pain Scale:/10	□ na	☐ Medication list upda	ted \square	No Changes			
<i>'</i>										
In:										
Out:										
Timed Codes =										
Total Tx Time =										
Total TX Time =										
								Signature/Co-Signature:	Date/Time	
Comments:										
I assessed the ne	eed, mad	le the skille	d judgement for the treatmen	provided	, participated with the stu	dent for	the delivery of th	e service and I was prese	nt for the entire	
541110111 3033101	D	ate and Initia	ls Date and Initials	_,	Date and Initials					
Therapist Signature/Credentials:										
Therapist Signature/Credentials:										
rrierapist Signa	iture/Cre	euentials: _.					PT.			
							MR.#/RM.			

DR.

SPEECH THERAPY DAILY NOTE

M-17512-C Page 2 or 2 (12/15)