CAPITOL MEDICAL CENTER, INC.
A MOUNT GRACE PARTNER

REHABILITATION MEDICINE
Trunkline: 8372-3825
Local 2106 / 2107

PATIENT APPOINTMENT CARD

PATIENT'S NAME (Last, First, Middle Name)		CONTACT NO.			DATE
DE LEON, VIRGINIA					10-22-24
REFERRING DOCTOR	DIAGNOSIS	AGE	SEX	BIRTHDATE	PIN
CPM			F		
NO. OF SESSIONS	FREQUENCY	CLASSIFICATION			
6		☐ Cash ☒ HMO ☐ Others:			INTELLICARE
THERAPIST IN-CHARGE	IE RE	SCHEDULE			TIME
		JABBY	TH		8 AM
INITIAL PATIENT MANAGEMENT		IRIS	MON		8 AM

Date of Treatment	Time of Treatment	Therapist In-Charge	Remarks	Date of Treatment	Time of Treatment	Therapist In-Charge	Remarks
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

Ref. Code: CMC-DRM M43-FM0028
Rev. 3, Effective Date: July 18, 2024

CAPITOL MEDICAL CENTER
Department of Rehabilitation Medicine

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Date : 10/22/2024
HMO : Intellicare

Name : DE LEON Virginia

Diagnosis: Atrophy Tendinopathies
D3 D4 (R) - CMC1 arthritis (R)

Request For:
1. PT / OT 6 Sessions
2. X-Ray : _____
3. EMG-NCV ; _____
4. MRI : _____
5. BMD : _____
6. MSUS : _____
7: Others : _____

GPM