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: | | |
| **THERAPIST IN-CHARGE** | **IE** / **RE** | **SCHEDULE** | | **TIME** |
| | | JABBY | TH - 8AM | |
| **INITIAL PATIENT MANAGEMENT** | | IRIS | MON - 8AM | |

| Date of Treatment | Time of Treatment | Therapist In-Charge | Remarks | Date of Treatment | Time of Treatment | Therapist In-Charge | Remarks |
|---|---|---|---|---|---|---|---|
| 1 10/24 | 8:00 AM | JABBY | HIL/PWB/RM | 11 | | | |
| 2 | | | | 12 | | | |
| 3 | | | | 13 | | | |
| 4 | | | | 14 | | | |
| 5 | | | | 15 | | | |
| 6 | | | | 16 | | | |
| 7 | | | | 17 | | | |
| 8 | | | | 18 | | | |
| 9 | | | | 19 | | | |
| 10 | | | | 20 | | | |