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 INTELLICARE			
6		☐ Cash ☒ HMO ☐ Others: _____			
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
1 10/24	8:00 AM	JABBY	HTL/PWB/ROM
2 10/30	1:00 PM	ELIZA	HTL/PWB/ROM
3			
4			
5			
6			
7			
8			
9			
10			

Date of Treatment	Time of Treatment	Therapist In-Charge	Remarks
11			
12			
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