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** | | SHARI | TUE - 1PM | |

| Date of Treatment | Time of Treatment | Therapist In-Charge | Remarks |
|---|---|---|---|
| 1 10/24 | 8:00 AM | JABBY | HIL/PWR/Ron |
| 2 10/29 | 1:00 PM | SHARI | HIL/PWR/Ron |
| 3 10/31 | 8:00 AM | JABBY | HIL/PWR/Ron |
| 4 11-5 | 1:00 PM | SHARI | HIL/PWR/Ron |
| 5 11-7 | 8:00 AM | JABBY | HIL/PWR/Ron |
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| Date of Treatment | Time of Treatment | Therapist In-Charge | Remarks |
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