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MRNUM: _____

CLINIC NOTES

Patient: _____	Date of Service: _____
DOB: _____	Specialty: _____

Identification:

Medical Problems:

Interval History:

Allergies:

Medications:

Review of Systems:

Physical Examination:

Diagnostics:

Impression:

Follow Up:

Reviewed and electronically authenticated by Irene Gaw Gonzalo, MD