



Pediatric Clinic
 PATIENT visit documentation
VISIT DOCUMENTATION

Name of Patient: _____

Name of Parent: _____

Diagnosis: _____

Expected course: _____

This patient had a medical visit with me today at _____. Please take this into consideration when reviewing the parent's time away from work.

Thank you.

Physician's Signature: _____ Date: _____

Pediatric Clinic
 Evans Army Community Hospital
 526-7653