PATIENT PROGRESS

PATIENT'S NAME _____ PATIENT NO. _____

DATE TIME TREATMENT BY

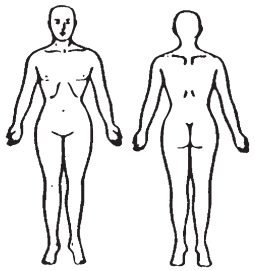
SUBJECTIVE REMARKS

OBJECTIVE FINDINGS

TREATMENT PROVIDED

CHANGES IN TREATMENT PLAN/DX

HERBALS / FORMULAS NEXT APPOINTMENT



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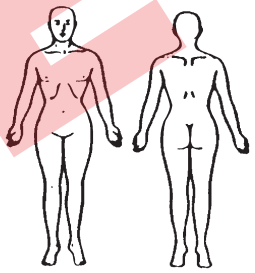

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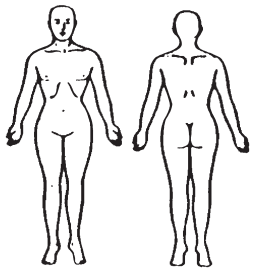

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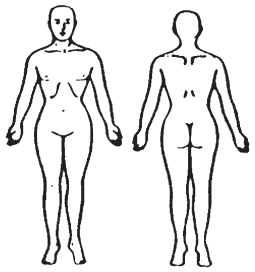

SAMPLE

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