Limp In, Leap Out

Mid-Michigan Physical Therapy Specialists

Formerly: Fowlerville PT Specialists

Limp In, Leap Out

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PATIENT NAME: **ACCOUNT NUMBER:**
DOB: **GENDER:**
DATE:

MEDICATION	**DOSAGE**	**FREQUENCY**

This is PQRI 2008 Measurement: Universal Documentation and Verification of Current Medications in the Medical Record

Form GGG
10/30/2020