CASE NO. _____ PATIENT'S NAME _____

DATE MO.	DAY	YR.	SUBSEQUENT VISITS AND FINDINGS
6	10	81	C/o fatigue, neck + RUE discomf, "nervous", [illegible] feels weak.
			Neuro OK. advise CT scan
			Ret 1 yr

CASE NO. _____

PATIENT'S NAME _____