CASE NO. _____ PATIENT'S NAME _____

DATE MO.	DAY	YR.	SUBSEQUENT VISITS AND FINDINGS
6	10	81	– C/o fatigue, neck + RUE discomf, "nervous", & eye feels weak.
			Neuro OK.
			Ret 1 yr

CASE NO. _____ PATIENT'S NAME _____

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