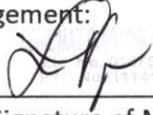


CLINIC SLIP

Employee Name: <i>Maria Advincula</i>		Date: <i>11/11/2019</i>
Employee Number:	Time In: <i>12:05PM</i>	Time Out:
Supervisor's Name and signature: <i>Cheryl Figueroa (c/o)</i>		
Complaint:		
Focused History and Physical Exam:		
Medication Given:		
RECOMMENDATION: <i>For repeat urinalysis Re-evaluate w/ UA result</i>		
<input type="checkbox"/> Clinic Rest	Time/Duration:	
<input type="checkbox"/> Send Home	Inclusive Dates:	
<input type="checkbox"/> ER Conduction	Institution:	
Acknowledgement:		
 Name & Signature of NOD/Physician		 Patient's Signature