

Youth Villages Patients

Boys Town Dogwood CIRT

Clinic Date: _____

Name	DOB	CC	New	Est	Well	2	3	4	5	Diagnoses & Procedures (V21.2 or V20.2 is included as 1° dx for well exams)
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Signature

Time in

Time out

Date

Physicians: Fax to Tasha at 572-5506 when billing data complete; leave original for YV staff