

PATIENT INFORMATION <i>www.mediregi.com</i>			MY PATIENT	<input type="checkbox"/>	ORPHAN	<input type="checkbox"/>						
			VULNERABLE CODES	<input type="checkbox"/>	GAMF	<input type="checkbox"/>						
			APPOINTMENT / ADVANCED ACCESS			APPOINTMENT & WALK IN						
			PRISE EN CHARGE VISIT			<input type="checkbox"/>	MINOR EVALUATION VISIT			<input type="checkbox"/>		
			PERIODIC VULNERABLE VISIT			<input type="checkbox"/>	COMPLEX EVALUATION VISIT			<input type="checkbox"/>		
			FOLLOW UP VISIT			<input type="checkbox"/>	INTER. CLIN. _____ MIN			<input type="checkbox"/>		
			PERIODIC PEDIATRIC VISIT			<input type="checkbox"/>	180-MIN EXEMPTION (Ψ, vul)			<input type="checkbox"/>		
			PSYCHIATRIC EVALUATION VISIT			<input type="checkbox"/>	STD COUNSEL: _____ MIN			<input type="checkbox"/>		
			PSYCHIATRIC FOLLOW UP VISIT			<input type="checkbox"/>	INTERPRETER			<input type="checkbox"/>		
			PREGNANCY PRISE EN CHARGE VISIT			<input type="checkbox"/>	OTHER			<input type="checkbox"/>		
PREGNANCY FOLLOW UP VISIT			<input type="checkbox"/>				<input type="checkbox"/>					
			WALK IN			CNESST FORMS						
DOCTOR:			> 500 pts	< 500 pts	MINOR PUNCTUAL VISIT			<input type="checkbox"/>	Attestation - Prise en Charge			
REF. HEALTH PROF:			DX:			COMPLEX PUNCTUAL VISIT			<input type="checkbox"/>	Évolution - Final - Assign Temp		
DATE:			TIME:			COMMUNICATION W/ SPECIALIST			<input type="checkbox"/>	Avis Motivé -		
						COMMUNICATION OTHER PROFESS			<input type="checkbox"/>	ACCIDENT DATE:		

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