

<i>MD NAME</i> _____ <i>DATE</i> _____ <i>CLINIC</i> _____ <i>REFERRING MD</i> _____ <i>PRINCIPAL DX</i> _____ <i>2nd DX</i> _____ <i>3rd DX</i> _____	PATIENT INFO
<u>VISITS</u>	
Consultation <input type="checkbox"/> - if > 60 minutes <input type="checkbox"/>	www.mediregi.ca
Principal Visit <input type="checkbox"/> - (if > 30 minutes) <input type="checkbox"/> - Complexity supplement <input type="checkbox"/>	
Control Visit <input type="checkbox"/>	

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