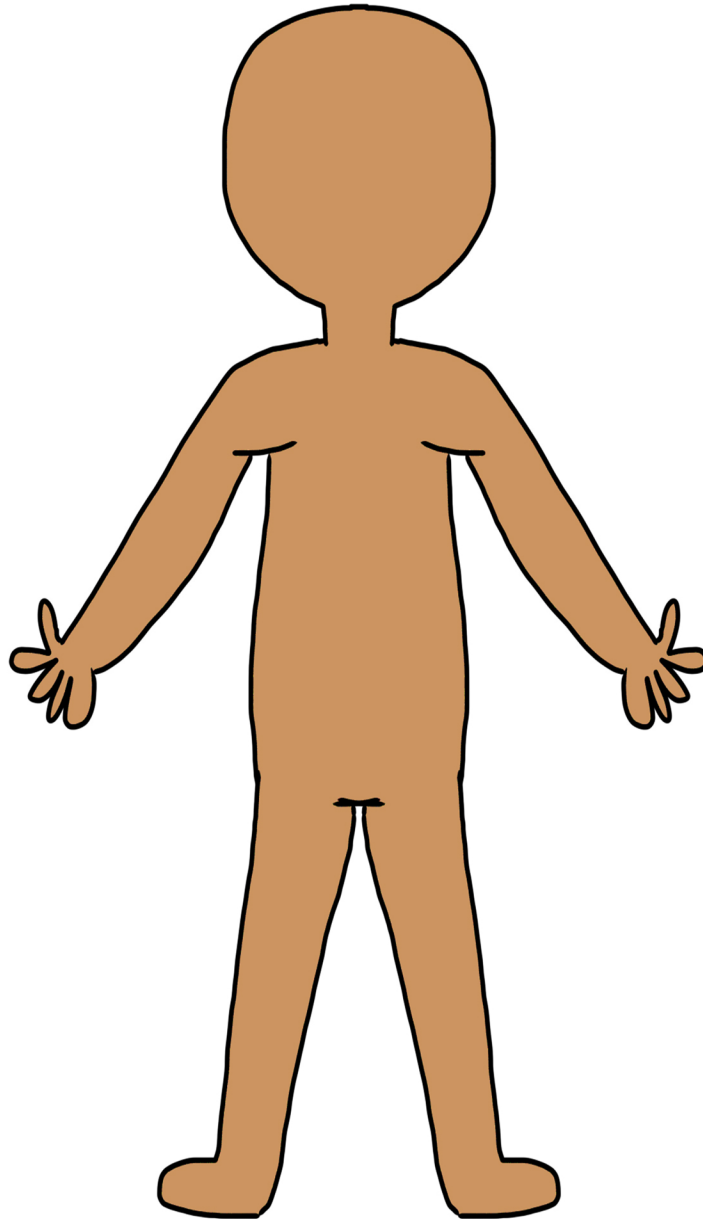


WHERE DOES IT HURT?



PATIENT'S NAME: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

# CHECK ALL THAT APPLY:

HEADACHE

STOMACH ACHE

CUT

FEVER

COUGH

RUNNY NOSE

**DIAGNOSIS:**

---

**TREATMENT:**

MEDICINE

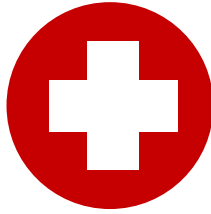
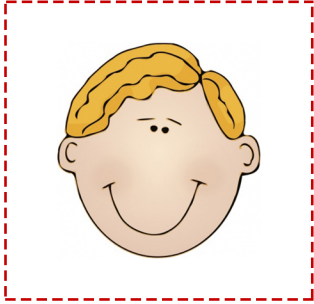
SHOT

BANDAGE

**SIGNED:** \_\_\_\_\_

HOW DO YOU FEEL?

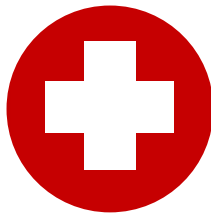
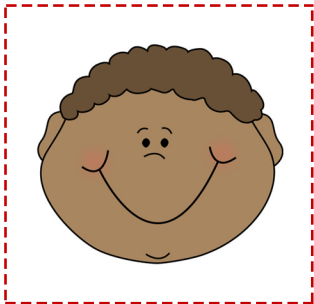




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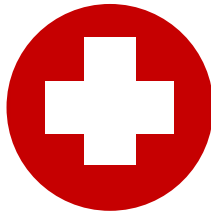
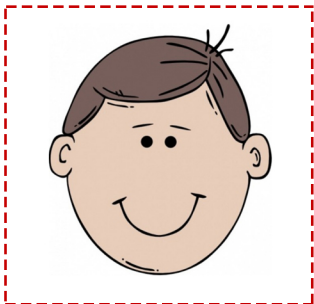
DR. \_\_\_\_\_



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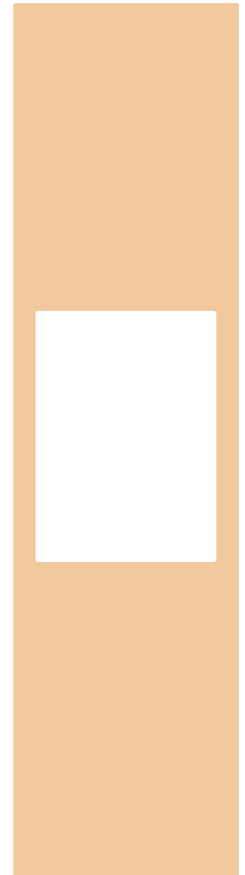
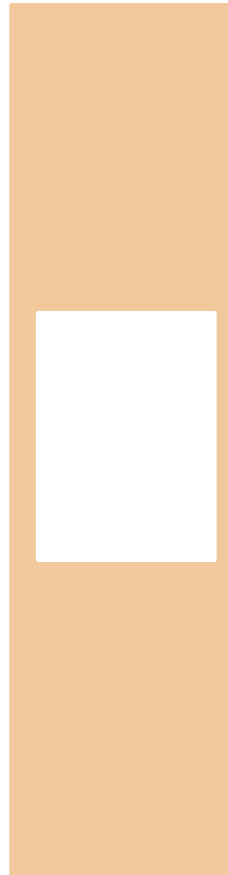
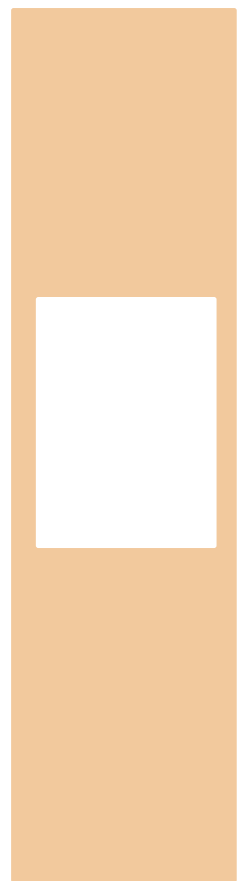
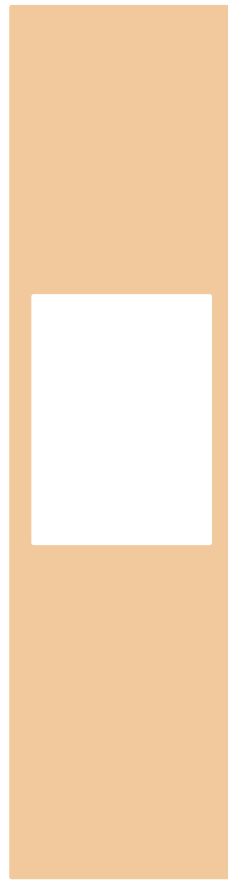
DR. \_\_\_\_\_

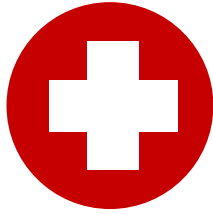
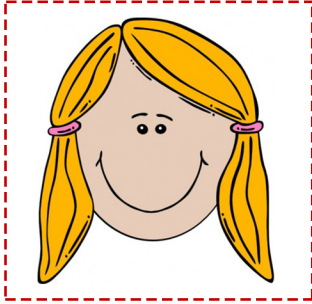


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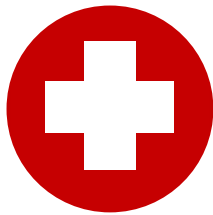
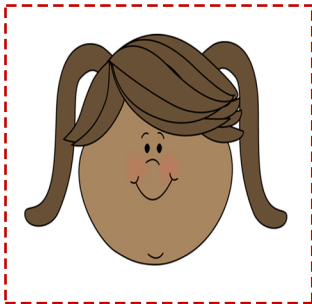




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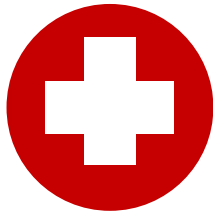
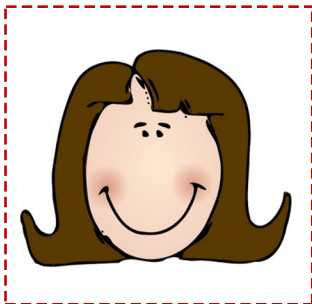
DR. \_\_\_\_\_



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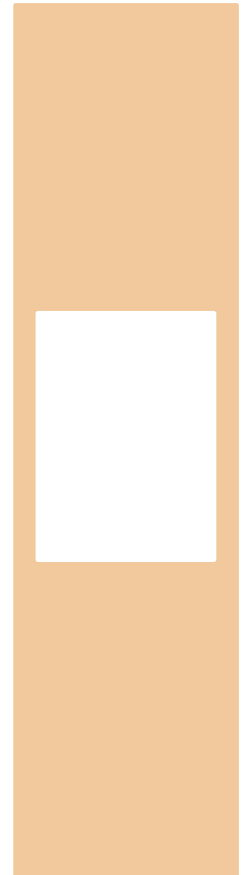
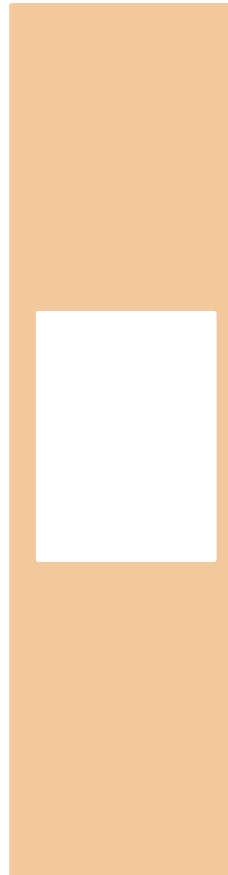
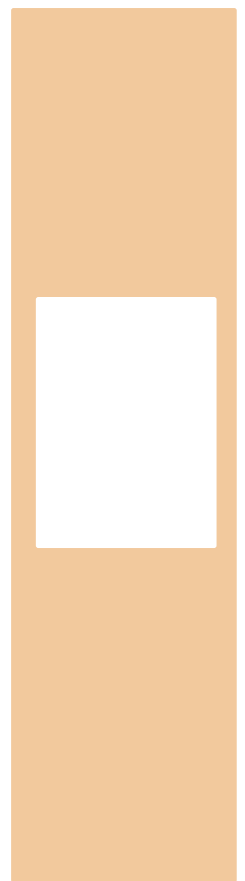
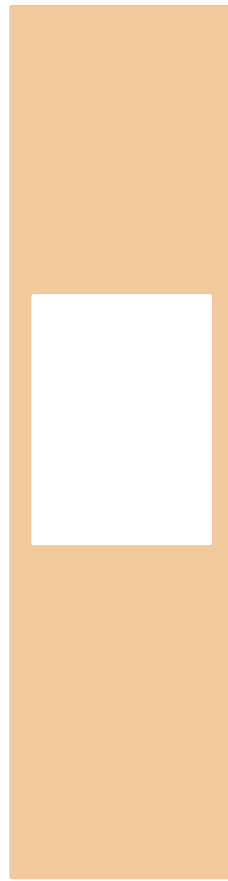
DR. \_\_\_\_\_



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DR. \_\_\_\_\_



I

T S

A G R

E A T D

A Y T O D A Y

THE DOCTOR IS:

**IN**

THE DOCTOR IS:

**OUT**

WAITING

ROOM