**MY APPOINTMENT NOTES**

**DOCTOR VISIT NOTES:**

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| **Doctor:**  |  | **Date of**  |  |
| **Visit:**  |
| **QUESTIONS TO ASK THE DOCTOR:**  |  |
| 1. What is the best way and time for me to contact you if I have questions?  |  |
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| 2. Do I need a prescription?  |  |
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| 3. Are there any pamphlets, books, videos, or websites that you recommend?  |  |
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**NOTES FROM THE VISIT:**

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**THINGS TO BE DONE AFTER THIS VISIT:**

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| Tests to schedule: |  |
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| Prescriptions to be filled: |  |
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**DATE OF NEXT APPOINTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**