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|  |  | **Street Name, City, Country** | | | | | | | | |  |  |
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|  |  | **Doctor/Physician:** | | | | **Michael Red** | | | | |  |  |
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|  |  | **Patient Name:** | | | **Marvin Junior** | | | | |  | **Date:** | 15/05/2020 |  | **Time:** | 23:50 |  |  |
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|  |  | **Age:** | **66** | | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **Medical record #:** | | | | **A20081954MJ/2015** | | | |  |  |  |  |  |  |  |  |
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|  |  | **Previous diagnosis:** | | | | | | | | | | | | | |  |  |
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|  |  | **Description of telephone conversation:** | | | | | | | | | | | | | |  |  |
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|  |  | **Objections of the patient regarding care or case management:** | | | | | | | | | | | | | |  |  |
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|  |  | **Non-compliances observed :** | | | | | | | | | | | | | |  |  |
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|  |  | **Advice given to the patient:** | | | | | | | | | | | | | |  |  |
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|  |  | **Follow-up appointment at the doctor's office scheduled?:** | | | | | | | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  | ☐ | YES | → | **Date:** |  |  | **Time:** |  |  |  |
|  |  |  |  |  |  |  |  | ☐ | NO |  |  |  |  |  |  |  |  |
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