



# 佛州中医学院

Florida College of Integrative Medicine  
7100 Lake Eleanor Drive, Orlando, Florida 32809 407.888.8888 Fax: 407.888.8211

Official Use Only

Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

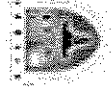
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signat
		In	Out								
1				/ /							
2				/ /							
3				/ /							
4				/ /							
5				/ /							
6				/ /							
7				/ /							
8				/ /							
9				/ /							
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11				/ /							
12				/ /							
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14				/ /							
15				/ /							
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18				/ /							
19				/ /							
20				/ /							
21				/ /							
22				/ /							
23				/ /							
24				/ /							

Must turn in within two weeks of completion.  
Make sure they are legible and in time chronological order.

Updated: 7/15/2010



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Florida College of Integrative Medicine  
7160 Lake Eleanor Drive, Orlando, Florida 32809 407 888 8889 Fax: 407 888 8211

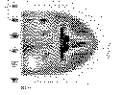
Official Use Only  
Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signal
		In	Out								
1				/ /							
2				/ /							
3				/ /							
4				/ /							
5				/ /							
6				/ /							
7				/ /							
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21				/ /							
22				/ /							
23				/ /							
24				/ /							

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Florida College of Integrative Medicine  
7100 Lake Eleanor Drive, Orlando, Florida 32809 407.858.8859 Fax: 407.888.8211

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Total Asst: \_\_\_\_\_

Total 2nd: \_\_\_\_\_

Total Prim: \_\_\_\_\_

Student: \_\_\_\_\_

Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signat
		In	Out								
1	49			/ /							
2	50			/ /							
3	51			/ /							
4	52			/ /							
5	53			/ /							
6	54			/ /							
7	55			/ /							
8	56			/ /							
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15	63			/ /							
16	64			/ /							
17	65			/ /							
18	66			/ /							
19	67			/ /							
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22	70			/ /							
23	71			/ /							
24	72			/ /							

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Florida College of Integrative Medicine  
7100 Lake Eleanor Drive, Orlando, Florida 32609 407.864.8659 Fax: 407.864.8211

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Total Asst: \_\_\_\_\_  
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Total Prim: \_\_\_\_\_

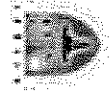
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signat
		In	Out								
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2	74			/ /							
3	75			/ /							
4	76			/ /							
5	77			/ /							
6	78			/ /							
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22	94			/ /							
23	95			/ /							
24	96			/ /							

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Total Prim: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic	Signat	
		In	Out								
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2	98			/ /							
3	99			/ /							
4	100			/ /							
5	101			/ /							
6	102			/ /							
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21	117			/ /							
22	118			/ /							
23	119			/ /							
24	120			/ /							

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# 佛州中医学院

Florida College of Integrative Medicine  
1100 Lake Elieros Drive, Orlando, Florida 32809 407-568-8089 Fax: 407-998-8211

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Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

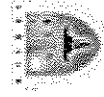
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT		Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time In	Patient Time Out	mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic Signat
1	121			/ /					
2	122			/ /					
3	123			/ /					
4	124			/ /					
5	125			/ /					
6	126			/ /					
7	127			/ /					
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19	139			/ /					
20	140			/ /					
21	141			/ /					
22	142			/ /					
23	143			/ /					
24	144			/ /					

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Florida College of Integrative Medicine  
7100 Lake Eton Drive, Orlando, Florida 32809 407 869 8668 Fax: 407 869 8211

Official Use Only

Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

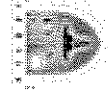
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

TO BE COMPLETED BY STUDENT			Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN	
No.	Pt. Init. & Acct. #	Patient Time	mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic Signat
		In						
1	145		/ /					
2	146		/ /					
3	147		/ /					
4	148		/ /					
5	149		/ /					
6	150		/ /					
7	151		/ /					
8	152		/ /					
9	153		/ /					
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18	162		/ /					
19	163		/ /					
20	164		/ /					
21	165		/ /					
22	166		/ /					
23	167		/ /					
24	168		/ /					

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# 佛州中医学院

Florida College of Integrative Medicine  
2100 Lake Eleanor Drive, Orlando, Florida 32809 407.869.6669 Fax: 407.868.6211

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Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

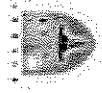
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signat
		In	Out								
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2	170			/ /							
3	171			/ /							
4	172			/ /							
5	173			/ /							
6	174			/ /							
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8	176			/ /							
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22	190			/ /							
23	191			/ /							
24	192			/ /							

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7100 Lake Ellenor Drive, Citrus, Florida 32609 407.889.8089 Fax: 407.889.8211

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Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

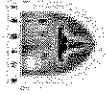
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/d/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic Signat		
		In	Out								
1	193			/ /							
2	194			/ /							
3	195			/ /							
4	196			/ /							
5	197			/ /							
6	198			/ /							
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13	205			/ /							
14	206			/ /							
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17	209			/ /							
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20	212			/ /							
21	213			/ /							
22	214			/ /							
23	215			/ /							
24	216			/ /							

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Florida College of Integrative Medicine  
#100 Lake Ellenor Drive, Orlando, Florida 32809 407.869.8689 Fax: 407.869.8211

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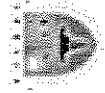
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Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signat
		In	Out								
1	217			/ /							
2	218			/ /							
3	219			/ /							
4	220			/ /							
5	221			/ /							
6	222			/ /							
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22	238			/ /							
23	239			/ /							
24	240			/ /							

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Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

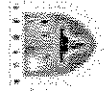
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT		Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN	
	Pt. Init. & Acct. #	Patient Time	mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic Signat
		In						
1	241		/ /					
2	242		/ /					
3	243		/ /					
4	244		/ /					
5	245		/ /					
6	246		/ /					
7	247		/ /					
8	248		/ /					
9	249		/ /					
10	250		/ /					
11	251		/ /					
12	252		/ /					
13	253		/ /					
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15	255		/ /					
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17	257		/ /					
18	258		/ /					
19	259		/ /					
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22	262		/ /					
23	263		/ /					
24	264		/ /					

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Florida College of Integrative Medicine  
7100 Lake Eleanor Drive, Orlando, Florida 32809 407.859.8859 Fax: 407.888.8218

Official Use Only

Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

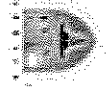
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

TO BE COMPLETED BY STUDENT			Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
No.	Pt. Init. & Acct. #	Patient Time	mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic Signat	
		In							Out
1	265		/ /						
2	266		/ /						
3	267		/ /						
4	268		/ /						
5	269		/ /						
6	270		/ /						
7	271		/ /						
8	272		/ /						
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18	282		/ /						
19	283		/ /						
20	284		/ /						
21	285		/ /						
22	286		/ /						
23	287		/ /						
24	288		/ /						

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# 佛州中医学院

Florida College of Integrative Medicine  
7100 Lake Elnor Drive, Orlando, Florida 32809 407.568.8189 Fax:407.408.6211

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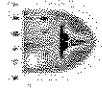
Total Asst: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Prim: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box			TO BE COMPLETED BY SUPERVISING PHYSICIAN			
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signat
		In	Out								
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2	290			/ /							
3	291			/ /							
4	292			/ /							
5	293			/ /							
6	294			/ /							
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22	310			/ /							
23	311			/ /							
24	312			/ /							

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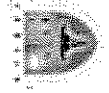
Official Use Only  
Total Asst: \_\_\_\_\_  
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Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
No.	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic Physic Signal	
		In	Out							
1	313			/ /						
2	314			/ /						
3	315			/ /						
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20	332			/ /						
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22	334			/ /						
23	335			/ /						
24	336			/ /						

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Total Prim: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT				Check Box				TO BE COMPLETED BY SUPERVISING PHYSICIAN		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Prim	2nd Prim	Asst	SUPV PHYS COMMENTS	Clinic	Physic	Signal
		In	Out								
1	337			/ /							
2	338			/ /							
3	339			/ /							
4	340			/ /							
5	341			/ /							
6	342			/ /							
7	343			/ /							
8	344			/ /							
9	345			/ /							
10	346			/ /							
11	347			/ /							
12	348			/ /							
13	349			/ /							
14	350			/ /							
15	351			/ /							
16	352			/ /							
17	353			/ /							
18	354			/ /							
19	355			/ /							
20	356			/ /							
21	357			/ /							
22	358			/ /							
23	359			/ /							
24	360			/ /							

Must turn in within two weeks of completion.  
Make sure they are legible and in time chronological order.



# 佛州中医学院

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7100 Lake Eleanor Drive, Orlando, Florida 32809 407.558.8658 Fax: 407.898.8211

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Total Assist: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Primary: \_\_\_\_\_

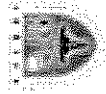
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Check Box			Supv Phys Comments	Clinic Physic Signat
		In	Out		Primary	2nd Primary	Assist		
1	361	/	/	/	/	/			
2	362	/	/	/	/	/			
3	363	/	/	/	/	/			
4	364	/	/	/	/	/			
5	365	/	/	/	/	/			
6	366	/	/	/	/	/			
7	367	/	/	/	/	/			
8	368	/	/	/	/	/			
9	369	/	/	/	/	/			
10	370	/	/	/	/	/			
11	371	/	/	/	/	/			
12	372	/	/	/	/	/			
13	373	/	/	/	/	/			
14	374	/	/	/	/	/			
15	375	/	/	/	/	/			
16	376	/	/	/	/	/			
17	377	/	/	/	/	/			
18	378	/	/	/	/	/			
19	379	/	/	/	/	/			
20	380	/	/	/	/	/			
21	381	/	/	/	/	/			
22	382	/	/	/	/	/			
23	383	/	/	/	/	/			
24	384	/	/	/	/	/			

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7100 Lake Eleanor Drive, Orlando, Florida 32809 407.859.8559 Fax: 407.859.8211

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Total 2nd: \_\_\_\_\_  
Total Primary: \_\_\_\_\_

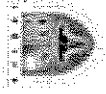
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Check Box			Supervising Physician Comments	Clinic Physician Signature
		In	Out		Primary	2nd Primary	Assist		
1	385			/ /					
2	386			/ /					
3	387			/ /					
4	388			/ /					
5	389			/ /					
6	390			/ /					
7	391			/ /					
8	392			/ /					
9	393			/ /					
10	394			/ /					
11	395			/ /					
12	396			/ /					
13	397			/ /					
14	398			/ /					
15	399			/ /					
16	400			/ /					
17	401			/ /					
18	402			/ /					
19	403			/ /					
20	404			/ /					
21	405			/ /					
22	406			/ /					
23	407			/ /					
24	408			/ /					

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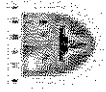
Florida College of Integrative Medicine  
7100 Lake Eton Drive, Orlando, Florida 32809 407 859 8689 Fax: 407 898 8211

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Total Assist: \_\_\_\_\_  
Total 2nd: \_\_\_\_\_  
Total Primary: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

TO BE COMPLETED BY STUDENT				Check Box				Clinic Physic Signat
No.	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Primary	2nd Primary	Assist	
		In	Out					
1	409			/ /				
2	410			/ /				
3	411			/ /				
4	412			/ /				
5	413			/ /				
6	414			/ /				
7	415			/ /				
8	416			/ /				
9	417			/ /				
10	418			/ /				
11	419			/ /				
12	420			/ /				
13	421			/ /				
14	422			/ /				
15	423			/ /				
16	424			/ /				
17	425			/ /				
18	426			/ /				
19	427			/ /				
20	428			/ /				
21	429			/ /				
22	430			/ /				
23	431			/ /				
24	432			/ /				



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Total 2nd: \_\_\_\_\_  
Total Primary: \_\_\_\_\_

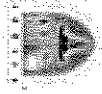
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Check Box			Assist	SUPV PHYS COMMENTS	Clinic Physic Signat
		In	Out		Primary	2nd Primary				
1	433			/ /						
2	434			/ /						
3	435			/ /						
4	436			/ /						
5	437			/ /						
6	438			/ /						
7	439			/ /						
8	440			/ /						
9	441			/ /						
10	442			/ /						
11	443			/ /						
12	444			/ /						
13	445			/ /						
14	446			/ /						
15	447			/ /						
16	448			/ /						
17	449			/ /						
18	450			/ /						
19	451			/ /						
20	452			/ /						
21	453			/ /						
22	454			/ /						
23	455			/ /						
24	456			/ /						

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Total Primary: \_\_\_\_\_

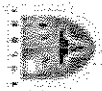
Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT		Check Box					Supv Phys Comments	Clinic Physic Signat
	Pt. Init. & Acct. #	Patient Time In	Patient Time Out	mm/dd/yy	Primary	2nd Primary	Assist		
1	457	/ /	/ /						
2	458	/ /	/ /						
3	459	/ /	/ /						
4	460	/ /	/ /						
5	461	/ /	/ /						
6	462	/ /	/ /						
7	463	/ /	/ /						
8	464	/ /	/ /						
9	465	/ /	/ /						
10	466	/ /	/ /						
11	467	/ /	/ /						
12	468	/ /	/ /						
13	469	/ /	/ /						
14	470	/ /	/ /						
15	471	/ /	/ /						
16	472	/ /	/ /						
17	473	/ /	/ /						
18	474	/ /	/ /						
19	475	/ /	/ /						
20	476	/ /	/ /						
21	477	/ /	/ /						
22	478	/ /	/ /						
23	479	/ /	/ /						
24	480	/ /	/ /						

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Total 2nd: \_\_\_\_\_  
Total Primary: \_\_\_\_\_

Student: \_\_\_\_\_  
Class: \_\_\_\_\_

## ORIENTAL MEDICINE PATIENT LOG

No.	TO BE COMPLETED BY STUDENT		Check Box					SUPV PHYS COMMENTS	Clinic Physic Signat
	Pt. Init. & Acct. #	Patient Time	Patient Time	mm/dd/yy	Primary	2nd Primary	Assist		
1	481	/ /	/ /						
2	482	/ /	/ /						
3	483	/ /	/ /						
4	484	/ /	/ /						
5	485	/ /	/ /						
6	486	/ /	/ /						
7	487	/ /	/ /						
8	488	/ /	/ /						
9	489	/ /	/ /						
10	490	/ /	/ /						
11	491	/ /	/ /						
12	492	/ /	/ /						
13	493	/ /	/ /						
14	494	/ /	/ /						
15	495	/ /	/ /						
16	496	/ /	/ /						
17	497	/ /	/ /						
18	498	/ /	/ /						
19	499	/ /	/ /						
20	500	/ /	/ /						
21	501	/ /	/ /						
22	502	/ /	/ /						
23	503	/ /	/ /						
24	504	/ /	/ /						

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