



佛州中医学院

Florida College of Integrative Medicine
7100 Lake Forest Drive, Orlando, Florida 32809 407 889 0889 Fax: 407 889 8211

Official Use Only

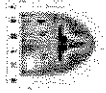
Student: _____
Class: _____
Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1					/ /						
2					/ /						
3					/ /						
4					/ /						
5					/ /						
6					/ /						
7					/ /						
8					/ /						
9					/ /						
10					/ /						
11					/ /						
12					/ /						
13					/ /						
14					/ /						
15					/ /						
16					/ /						
17					/ /						
18					/ /						
19					/ /						
20					/ /						
21					/ /						
22					/ /						
23					/ /						
24					/ /						
25					/ /						

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

Updated: 7/25/2011



佛州中医学院

Florida College of Integrative Medicine
3100 Lake Eton Drive, Orlando, Florida 32809 407.859.8889 Fax: 407.899.8211

Official Use Only

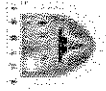
Student: _____
Class: _____
Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student			Check Box					Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1				/ /							
2				/ /							
3				/ /							
4				/ /							
5				/ /							
6				/ /							
7				/ /							
8				/ /							
9				/ /							
10				/ /							
11				/ /							
12				/ /							
13				/ /							
14				/ /							
15				/ /							
16				/ /							
17				/ /							
18				/ /							
19				/ /							
20				/ /							
21				/ /							
22				/ /							
23				/ /							
24				/ /							
25				/ /							

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7100 Lake Euchar Drive, Orlando, Florida 32809 407.859.0189 Fax: 407.993.8211

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Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

Student: _____
Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature		
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat					
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.	
1					/ /							
2					/ /							
3					/ /							
4					/ /							
5					/ /							
6					/ /							
7					/ /							
8					/ /							
9					/ /							
10					/ /							
11					/ /							
12					/ /							
13					/ /							
14					/ /							
15					/ /							
16					/ /							
17					/ /							
18					/ /							
19					/ /							
20					/ /							
21					/ /							
22					/ /							
23					/ /							
24					/ /							
25					/ /							

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Updated: 7/25/2011



佛州中医学院

Florida College of Integrative Medicine
7100 Lake Eleanor Drive, Orlando, Florida 32809 407-889-0889 Fax: 407-889-8311

Official Use Only

Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

Student: _____
Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	76	/	/	/	/						
2	77	/	/	/	/						
3	78	/	/	/	/						
4	79	/	/	/	/						
5	80	/	/	/	/						
6	81	/	/	/	/						
7	82	/	/	/	/						
8	83	/	/	/	/						
9	84	/	/	/	/						
10	85	/	/	/	/						
11	86	/	/	/	/						
12	87	/	/	/	/						
13	88	/	/	/	/						
14	89	/	/	/	/						
15	90	/	/	/	/						
16	91	/	/	/	/						
17	92	/	/	/	/						
18	93	/	/	/	/						
19	94	/	/	/	/						
20	95	/	/	/	/						
21	96	/	/	/	/						
22	97	/	/	/	/						
23	98	/	/	/	/						
24	99	/	/	/	/						
25	100	/	/	/	/						

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佛州中医学院

Florida College of Integrative Medicine
7100 Lake Esplanor Drive, Orlando, Florida 32809 407.688.8889 Fax: 407.688.8211

Official Use Only

Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

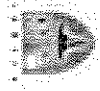
Student: _____
Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student			Check Box					Supervising Physician Comments	Clinic Physician Signature	
	* Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	101	/	/	/	/						
2	102	/	/	/	/						
3	103	/	/	/	/						
4	104	/	/	/	/						
5	105	/	/	/	/						
6	106	/	/	/	/						
7	107	/	/	/	/						
8	108	/	/	/	/						
9	109	/	/	/	/						
10	110	/	/	/	/						
11	111	/	/	/	/						
12	112	/	/	/	/						
13	113	/	/	/	/						
14	114	/	/	/	/						
15	115	/	/	/	/						
16	116	/	/	/	/						
17	117	/	/	/	/						
18	118	/	/	/	/						
19	119	/	/	/	/						
20	120	/	/	/	/						
21	121	/	/	/	/						
22	122	/	/	/	/						
23	123	/	/	/	/						
24	124	/	/	/	/						
25	125	/	/	/	/						

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佛州中医学院

Florida College of Integrative Medicine
 7110 Lake Eleanor Drive, Orlando, Florida 32809 407-888-0869 Fax: 407-888-5211

Official Use Only

Assist I _____ Assist II _____
 Secondary _____ Primary _____
 Events _____

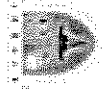
Student: _____
 Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student			Check Box					Supervising Physician Comments	Clinic Physician Signature
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat			
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.		
1	126	/	/	/	/					
2	127	/	/	/	/					
3	128	/	/	/	/					
4	129	/	/	/	/					
5	130	/	/	/	/					
6	131	/	/	/	/					
7	132	/	/	/	/					
8	133	/	/	/	/					
9	134	/	/	/	/					
10	135	/	/	/	/					
11	136	/	/	/	/					
12	137	/	/	/	/					
13	138	/	/	/	/					
14	139	/	/	/	/					
15	140	/	/	/	/					
16	141	/	/	/	/					
17	142	/	/	/	/					
18	143	/	/	/	/					
19	144	/	/	/	/					
20	145	/	/	/	/					
21	146	/	/	/	/					
22	147	/	/	/	/					
23	148	/	/	/	/					
24	149	/	/	/	/					
25	150	/	/	/	/					

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佛州中医学院

Florida College of Integrative Medicine
7100 Lake Eleanor Drive, Orlando, Florida 32809 407.559.8889 佛州中医学院

Student: _____

Class: _____

Official Use Only

Assist I _____ Assist II _____

Secondary _____ Primary _____

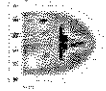
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	151	/	/	/	/						
2	152	/	/	/	/						
3	153	/	/	/	/						
4	154	/	/	/	/						
5	155	/	/	/	/						
6	156	/	/	/	/						
7	157	/	/	/	/						
8	158	/	/	/	/						
9	159	/	/	/	/						
10	160	/	/	/	/						
11	161	/	/	/	/						
12	162	/	/	/	/						
13	163	/	/	/	/						
14	164	/	/	/	/						
15	165	/	/	/	/						
16	166	/	/	/	/						
17	167	/	/	/	/						
18	168	/	/	/	/						
19	169	/	/	/	/						
20	170	/	/	/	/						
21	171	/	/	/	/						
22	172	/	/	/	/						
23	173	/	/	/	/						
24	174	/	/	/	/						
25	175	/	/	/	/						

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Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

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No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	176	/	/	/	/						
2	177	/	/	/	/						
3	178	/	/	/	/						
4	179	/	/	/	/						
5	180	/	/	/	/						
6	181	/	/	/	/						
7	182	/	/	/	/						
8	183	/	/	/	/						
9	184	/	/	/	/						
10	185	/	/	/	/						
11	186	/	/	/	/						
12	187	/	/	/	/						
13	188	/	/	/	/						
14	189	/	/	/	/						
15	190	/	/	/	/						
16	191	/	/	/	/						
17	192	/	/	/	/						
18	193	/	/	/	/						
19	194	/	/	/	/						
20	195	/	/	/	/						
21	196	/	/	/	/						
22	197	/	/	/	/						
23	198	/	/	/	/						
24	199	/	/	/	/						
25	200	/	/	/	/						

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佛州中医学院

Florida College of Integrative Medicine
7100 Lake Eton Drive, Orlando, Florida 32809 407.558.0669 Fax: 407.998.8211

Student: _____
Class: _____

Official Use Only
Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	201	/	/	/	/						
2	202	/	/	/	/						
3	203	/	/	/	/						
4	204	/	/	/	/						
5	205	/	/	/	/						
6	206	/	/	/	/						
7	207	/	/	/	/						
8	208	/	/	/	/						
9	209	/	/	/	/						
10	210	/	/	/	/						
11	211	/	/	/	/						
12	212	/	/	/	/						
13	213	/	/	/	/						
14	214	/	/	/	/						
15	215	/	/	/	/						
16	216	/	/	/	/						
17	217	/	/	/	/						
18	218	/	/	/	/						
19	219	/	/	/	/						
20	220	/	/	/	/						
21	221	/	/	/	/						
22	222	/	/	/	/						
23	223	/	/	/	/						
24	224	/	/	/	/						
25	225	/	/	/	/						

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佛州中医学院

Florida College of Integrative Medicine
7100 Lake Eleanor Drive, Orlando, Florida 32809 407.648.8889 Fax 407.688.8211

Student: _____
Class: _____

Official Use Only
Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician		Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat		Primary (190) Min.	Events (20) Min.		Comments
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.				
1	226	/	/	/	/	/	/	/	/	/	/	/
2	227	/	/	/	/	/	/	/	/	/	/	/
3	228	/	/	/	/	/	/	/	/	/	/	/
4	229	/	/	/	/	/	/	/	/	/	/	/
5	230	/	/	/	/	/	/	/	/	/	/	/
6	231	/	/	/	/	/	/	/	/	/	/	/
7	232	/	/	/	/	/	/	/	/	/	/	/
8	233	/	/	/	/	/	/	/	/	/	/	/
9	234	/	/	/	/	/	/	/	/	/	/	/
10	235	/	/	/	/	/	/	/	/	/	/	/
11	236	/	/	/	/	/	/	/	/	/	/	/
12	237	/	/	/	/	/	/	/	/	/	/	/
13	238	/	/	/	/	/	/	/	/	/	/	/
14	239	/	/	/	/	/	/	/	/	/	/	/
15	240	/	/	/	/	/	/	/	/	/	/	/
16	241	/	/	/	/	/	/	/	/	/	/	/
17	242	/	/	/	/	/	/	/	/	/	/	/
18	243	/	/	/	/	/	/	/	/	/	/	/
19	244	/	/	/	/	/	/	/	/	/	/	/
20	245	/	/	/	/	/	/	/	/	/	/	/
21	246	/	/	/	/	/	/	/	/	/	/	/
22	247	/	/	/	/	/	/	/	/	/	/	/
23	248	/	/	/	/	/	/	/	/	/	/	/
24	249	/	/	/	/	/	/	/	/	/	/	/
25	250	/	/	/	/	/	/	/	/	/	/	/

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Florida College of Integrative Medicine
7100 Lake Eola Drive, Orlando, Florida 32809 407.838.8889 Fax 407.888.8211

Student: _____
Class: _____

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Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician		Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time	mm/dd/yy	Assist		Treat		Primary (190) Min.	Events (20) Min.	Comments		
				In	Out	Assist I (50) Req.	Assist II (50) Req.					Secondary (60) Max.
1	251	/ /	/ /									
2	252	/ /	/ /									
3	253	/ /	/ /									
4	254	/ /	/ /									
5	255	/ /	/ /									
6	256	/ /	/ /									
7	257	/ /	/ /									
8	258	/ /	/ /									
9	259	/ /	/ /									
10	260	/ /	/ /									
11	261	/ /	/ /									
12	262	/ /	/ /									
13	263	/ /	/ /									
14	264	/ /	/ /									
15	265	/ /	/ /									
16	266	/ /	/ /									
17	267	/ /	/ /									
18	268	/ /	/ /									
19	269	/ /	/ /									
20	270	/ /	/ /									
21	271	/ /	/ /									
22	272	/ /	/ /									
23	273	/ /	/ /									
24	274	/ /	/ /									
25	275	/ /	/ /									

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 7100 Lake Euchar Drive, Orlando, Florida 32809 407 838 8889 Fax: 407 838 8211

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 Secondary _____ Primary _____
 Events _____

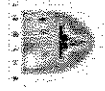
Student: _____
 Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	276	/	/	/	/						
2	277	/	/	/	/						
3	278	/	/	/	/						
4	279	/	/	/	/						
5	280	/	/	/	/						
6	281	/	/	/	/						
7	282	/	/	/	/						
8	283	/	/	/	/						
9	284	/	/	/	/						
10	285	/	/	/	/						
11	286	/	/	/	/						
12	287	/	/	/	/						
13	288	/	/	/	/						
14	289	/	/	/	/						
15	290	/	/	/	/						
16	291	/	/	/	/						
17	292	/	/	/	/						
18	293	/	/	/	/						
19	294	/	/	/	/						
20	295	/	/	/	/						
21	296	/	/	/	/						
22	297	/	/	/	/						
23	298	/	/	/	/						
24	299	/	/	/	/						
25	300	/	/	/	/						

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7100 Lake Egan Dr, Orlando, Florida 32809 407.838.8889 Fax: 407.888.8211

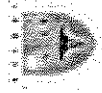
Student: _____
Class: _____
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Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat				
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.			Events (20) Min.
1	301	/	/	/	/						
2	302	/	/	/	/						
3	303	/	/	/	/						
4	304	/	/	/	/						
5	305	/	/	/	/						
6	306	/	/	/	/						
7	307	/	/	/	/						
8	308	/	/	/	/						
9	309	/	/	/	/						
10	310	/	/	/	/						
11	311	/	/	/	/						
12	312	/	/	/	/						
13	313	/	/	/	/						
14	314	/	/	/	/						
15	315	/	/	/	/						
16	316	/	/	/	/						
17	317	/	/	/	/						
18	318	/	/	/	/						
19	319	/	/	/	/						
20	320	/	/	/	/						
21	321	/	/	/	/						
22	322	/	/	/	/						
23	323	/	/	/	/						
24	324	/	/	/	/						
25	325	/	/	/	/						

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7100 Lake Egan Drive, Orlando, Florida 32809 407.888.8888 Fax: 407.888.8211

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Secondary _____ Primary _____
Events _____

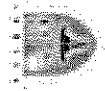
Student: _____
Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box						Supervising Physician		Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat		Physician Comments	Events (20) Min.		
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.				
1	326	/	/	/	/							
2	327	/	/	/	/							
3	328	/	/	/	/							
4	329	/	/	/	/							
5	330	/	/	/	/							
6	331	/	/	/	/							
7	332	/	/	/	/							
8	333	/	/	/	/							
9	334	/	/	/	/							
10	335	/	/	/	/							
11	336	/	/	/	/							
12	337	/	/	/	/							
13	338	/	/	/	/							
14	339	/	/	/	/							
15	340	/	/	/	/							
16	341	/	/	/	/							
17	342	/	/	/	/							
18	343	/	/	/	/							
19	344	/	/	/	/							
20	345	/	/	/	/							
21	346	/	/	/	/							
22	347	/	/	/	/							
23	348	/	/	/	/							
24	349	/	/	/	/							
25	350	/	/	/	/							

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

Updated: 7/25/2011



佛州中医学院

Florida College of Integrative Medicine
7100 Lake Eganer Drive, Orlando, Florida 32809 407-889-6689 Fax: 407-889-8211

Official Use Only

Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

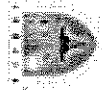
Student: _____
Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student		Check Box					Supervising Physician Comments	Clinic Physician Signature	
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat			
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.			Primary (190) Min.
1	351	/	/	/	/					
2	352	/	/	/	/					
3	353	/	/	/	/					
4	354	/	/	/	/					
5	355	/	/	/	/					
6	356	/	/	/	/					
7	357	/	/	/	/					
8	358	/	/	/	/					
9	359	/	/	/	/					
10	360	/	/	/	/					
11	361	/	/	/	/					
12	362	/	/	/	/					
13	363	/	/	/	/					
14	364	/	/	/	/					
15	365	/	/	/	/					
16	366	/	/	/	/					
17	367	/	/	/	/					
18	368	/	/	/	/					
19	369	/	/	/	/					
20	370	/	/	/	/					
21	371	/	/	/	/					
22	372	/	/	/	/					
23	373	/	/	/	/					
24	374	/	/	/	/					
25	375	/	/	/	/					

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

Updated: 7/25/2011



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Florida College of Integrative Medicine
7100 Lake Eganer Drive, Orlando, Florida 32809 407-889-8889 Fax: 407-889-8211

Official Use Only
Assist I _____ Assist II _____
Secondary _____ Primary _____
Events _____

Student: _____
Class: _____

ORIENTAL MEDICINE PATIENT LOG

No.	To be completed by student			Check Box					Supervising Physician Comments	Clinic Physician Signature
	Pt. Init. & Acct. #	Patient Time		mm/dd/yy	Assist		Treat			
		In	Out		Assist I (50) Req.	Assist II (50) Req.	Secondary (60) Max.	Primary (190) Min.		
1	376	/	/	/	/	/	/	/	/	/
2	377	/	/	/	/	/	/	/	/	/
3	378	/	/	/	/	/	/	/	/	/
4	379	/	/	/	/	/	/	/	/	/
5	380	/	/	/	/	/	/	/	/	/
6	381	/	/	/	/	/	/	/	/	/
7	382	/	/	/	/	/	/	/	/	/
8	383	/	/	/	/	/	/	/	/	/
9	384	/	/	/	/	/	/	/	/	/
10	385	/	/	/	/	/	/	/	/	/
11	386	/	/	/	/	/	/	/	/	/
12	387	/	/	/	/	/	/	/	/	/
13	388	/	/	/	/	/	/	/	/	/
14	389	/	/	/	/	/	/	/	/	/
15	390	/	/	/	/	/	/	/	/	/
16	391	/	/	/	/	/	/	/	/	/
17	392	/	/	/	/	/	/	/	/	/
18	393	/	/	/	/	/	/	/	/	/
19	394	/	/	/	/	/	/	/	/	/
20	395	/	/	/	/	/	/	/	/	/
21	396	/	/	/	/	/	/	/	/	/
22	397	/	/	/	/	/	/	/	/	/
23	398	/	/	/	/	/	/	/	/	/
24	399	/	/	/	/	/	/	/	/	/
25	400	/	/	/	/	/	/	/	/	/

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

Updated: 7/25/2011