<table>
<thead>
<tr>
<th>Service Date</th>
<th>Initial</th>
<th>Initial Visit Patient Names</th>
<th>Revisits</th>
<th>Revisit Patient Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat:</td>
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<td>Sun:</td>
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<td>Mon:</td>
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<td>Tues:</td>
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<td>Wed:</td>
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<td>Thur:</td>
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<td>Fri:</td>
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<tr>
<td><strong>Total Initial Visits:</strong></td>
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</tbody>
</table>

Employee Signature: ____________________________  Date ______________

Authorized Facility Signature: ____________________________  Date ______________