

Client Name: Test PatientAB DOB: 09/11/1950 Facility: Happy Home N&R Room #: 317

MISSED VISIT NOTATION

Date of Documentation: 01/08/2021

☒ **Missed Visit Notation:** Date of scheduled Visit that was missed: 01/08/2021

Reason for Missed Visit:

Patient out of facility for medical appointment.

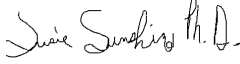
Follow Up Plans:

Will resume services next scheduled visit in 3 calendar days.

☐ **Documentation Supplement:**

Additional Information to be added to client medical record:

I hereby certify the above information is true and correct:

Susie Sunshine, Ph.D.	Ph.D.	FL12345		01/08/2021
Clinician Name	Credentials	License #:	Signature	Date