

721 W. Kansas, Greensburg, KS 67054

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PROVIDER ED NOTE

HISTORY OF P	RESENT ILLNESS:		
CHIEF COMPL	AINT:		
FOCUSED PHY	SICAL EXAM:		
RELEVANT CH	RONIC CONDITIONS:		
DX:			
CONDITION:	□ STABLE□ CRITICAL BUT STABLE FOR	TRANSFER	
DISPOSITION:	□ HOME□ TRANSFER□ ADMIT		
OTHER:			
Provider Signatur	re	Date/Time Signed	