

DATE	FOR OFFICE STAFF ONLY	PROGRESS NOTES
	VIT B-12 ___ SITE ___ INITIALS ___ MYODEN ___ SITE ___ INITIALS ___ BOOSTR ___ SITE ___ INITIALS ___	
	Frame Size: S M L BMI ___ HEIGHT ___FT ___IN WEIGHT ___ GOAL WEIGHT ___ B/P ___/___	
	PULSE ___ WAIST CIRCUMFERENCE ___ NUTRITION COUNSELING: ___ (A/P, OVERWEIGHT)	
	OBESITY STAGE I, II, III, FATIGUE, ARTHRITIS _____	
	MEDICATION PRESCRIBED _____ RX# _____	
	(Additional information on back)	
	_____ Provider Signature	_____ Physician Signature

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