

KIMBROUGH AMBULATORY CARE CENTER, FORT GEORGE G. MEADE, MD 20755-5800 PHYSICAL THERAPY CLINIC NOTIFICATION TO PATIENT TO RESCHEDULE OR BOOK A NEW APPOINTMENT	
Patient's name (Last, First, Middle)	Date
Appointment type <input type="checkbox"/> Eval <input type="checkbox"/> MOBEX <input type="checkbox"/> Traction <input type="checkbox"/> POP <input type="checkbox"/> EMG <input type="checkbox"/> Group _____	Requested frequency
Number of treatments <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____	Follow up <input type="checkbox"/> 8 wks <input type="checkbox"/> 6 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 3 wks <input type="checkbox"/> 2 wks <input type="checkbox"/> 1 wk
Provider	Other <input type="checkbox"/> Shoe <input type="checkbox"/> Aquatics <input type="checkbox"/> Knee <input type="checkbox"/> Back school
<b>IMPORTANT</b>	
<ol style="list-style-type: none"> <li>1. This is not an appointment form; it is a notification to you to schedule one or more appointments.</li> <li>2. You must bring your medical record and any x-rays with you to every appointment. Also bring shorts and a t-shirt, if applicable.</li> <li>3. If you cannot keep an appointment, call 301-677-8245 to reschedule or cancel it. If you no-show 3 times, you are subject to discharge for this medical treatment.</li> <li>4. Please be on time for your appointment. If you are more than 10 minutes late, you may be rescheduled.</li> </ol>	

**MEDDAC (Ft Meade) Form 598, 1 May 02**

Previous editions are obsolete

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