

2. Informácie o konsolidovanom celku

Patient Information	
Full Name	
Date of Birth	
Gender	
Address	
City	
State	
Zip	
Phone	
Referral Source	
Referring Physician	
Referral Date	
Referral Reason	
Medical History	
Current Medications	
Previous Surgeries	
Chronic Conditions	
Physical Examination	
Vital Signs	
General Appearance	
Head, Eyes, Ears, Nose, Throat	
Heart, Lungs	
Abdomen	
Extremities	
Neurological	
Laboratory & Imaging	
Laboratory Tests	
Imaging Studies	
Diagnosis	
Primary Diagnosis	
Secondary Diagnoses	
Treatment Plan	
Medications	
Procedures	
Follow-up	
Physician Signature	
Physician Name	
Physician Title	
Physician License	
Nurse Signature	
Nurse Name	
Nurse Title	
Nurse License	
Patient Signature	
Patient Name	
Patient Title	
Patient License	

3. Priemerný prepočítaný počet zamestnancov

Priemerný prepočítaný počet zamestnancov.....4,00.....

Date	Description	Amount	Balance
	Jan 1		
	Jan 2		
	Jan 3		
	Jan 4		
	Jan 5		
	Jan 6		
	Jan 7		
	Jan 8		
	Jan 9		
	Jan 10		
	Jan 11		
	Jan 12		
	Jan 13		
	Jan 14		
	Jan 15		
	Jan 16		
	Jan 17		
	Jan 18		
	Jan 19		
	Jan 20		
	Jan 21		
	Jan 22		
	Jan 23		
	Jan 24		
	Jan 25		
	Jan 26		
	Jan 27		
	Jan 28		
	Jan 29		
	Jan 30		
	Jan 31		
	Feb 1		
	Feb 2		
	Feb 3		
	Feb 4		
	Feb 5		
	Feb 6		
	Feb 7		