

## **QUARTERLY ACUPUNCTURE SUPERVISION REPORT**

**DATE:** \_\_\_\_\_

**Practitioner:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

<b>Patient ID</b>	<b>Number of TXs</b>	<b>Date of TX</b>	<b>Chief Complaint</b>	<b>NEW PATIENT</b>	<b>EXISTING PATIENT</b>

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<b>TOTALS</b>					
<b>PREVIOUS TOTALS</b>					
<b>GRAND TOTALS</b>					

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 Practitioner Signature

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 Date Signed

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 Supervisor Signature

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 Date Signed