

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	1			/ /							
2	2			/ /							
3	3			/ /							
4	4			/ /							
5	5			/ /							
6	6			/ /							
7	7			/ /							
8	8			/ /							
9	9			/ /							
10	10			/ /							
11	11			/ /							
12	12			/ /							
13	13			/ /							
14	14			/ /							
15	15			/ /							
16	16			/ /							
17	17			/ /							
18	18			/ /							
19	19			/ /							
20	20			/ /							
21	21			/ /							
22	22			/ /							
23	23			/ /							
24	24			/ /							
25	25			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	26			/ /							
2	27			/ /							
3	28			/ /							
4	29			/ /							
5	30			/ /							
6	31			/ /							
7	32			/ /							
8	33			/ /							
9	34			/ /							
10	35			/ /							
11	36			/ /							
12	37			/ /							
13	38			/ /							
14	39			/ /							
15	40			/ /							
16	41			/ /							
17	42			/ /							
18	43			/ /							
19	44			/ /							
20	45			/ /							
21	46			/ /							
22	47			/ /							
23	48			/ /							
24	49			/ /							
25	50			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	51			/ /							
2	52			/ /							
3	53			/ /							
4	54			/ /							
5	55			/ /							
6	56			/ /							
7	57			/ /							
8	58			/ /							
9	59			/ /							
10	60			/ /							
11	61			/ /							
12	62			/ /							
13	63			/ /							
14	64			/ /							
15	65			/ /							
16	66			/ /							
17	67			/ /							
18	68			/ /							
19	69			/ /							
20	70			/ /							
21	71			/ /							
22	72			/ /							
23	73			/ /							
24	74			/ /							
25	75			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnora Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	76			/ /							
2	77			/ /							
3	78			/ /							
4	79			/ /							
5	80			/ /							
6	81			/ /							
7	82			/ /							
8	83			/ /							
9	84			/ /							
10	85			/ /							
11	86			/ /							
12	87			/ /							
13	88			/ /							
14	89			/ /							
15	90			/ /							
16	91			/ /							
17	92			/ /							
18	93			/ /							
19	94			/ /							
20	95			/ /							
21	96			/ /							
22	97			/ /							
23	98			/ /							
24	99			/ /							
25	100			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	101			/ /							
2	102			/ /							
3	103			/ /							
4	104			/ /							
5	105			/ /							
6	106			/ /							
7	107			/ /							
8	108			/ /							
9	109			/ /							
10	110			/ /							
11	111			/ /							
12	112			/ /							
13	113			/ /							
14	114			/ /							
15	115			/ /							
16	116			/ /							
17	117			/ /							
18	118			/ /							
19	119			/ /							
20	120			/ /							
21	121			/ /							
22	122			/ /							
23	123			/ /							
24	124			/ /							
25	125			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	126			/ /							
2	127			/ /							
3	128			/ /							
4	129			/ /							
5	130			/ /							
6	131			/ /							
7	132			/ /							
8	133			/ /							
9	134			/ /							
10	135			/ /							
11	136			/ /							
12	137			/ /							
13	138			/ /							
14	139			/ /							
15	140			/ /							
16	141			/ /							
17	142			/ /							
18	143			/ /							
19	144			/ /							
20	145			/ /							
21	146			/ /							
22	147			/ /							
23	148			/ /							
24	149			/ /							
25	150			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	151			/ /							
2	152			/ /							
3	153			/ /							
4	154			/ /							
5	155			/ /							
6	156			/ /							
7	157			/ /							
8	158			/ /							
9	159			/ /							
10	160			/ /							
11	161			/ /							
12	162			/ /							
13	163			/ /							
14	164			/ /							
15	165			/ /							
16	166			/ /							
17	167			/ /							
18	168			/ /							
19	169			/ /							
20	170			/ /							
21	171			/ /							
22	172			/ /							
23	173			/ /							
24	174			/ /							
25	175			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	176			/ /							
2	177			/ /							
3	178			/ /							
4	179			/ /							
5	180			/ /							
6	181			/ /							
7	182			/ /							
8	183			/ /							
9	184			/ /							
10	185			/ /							
11	186			/ /							
12	187			/ /							
13	188			/ /							
14	189			/ /							
15	190			/ /							
16	191			/ /							
17	192			/ /							
18	193			/ /							
19	194			/ /							
20	195			/ /							
21	196			/ /							
22	197			/ /							
23	198			/ /							
24	199			/ /							
25	200			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	201			/ /							
2	202			/ /							
3	203			/ /							
4	204			/ /							
5	205			/ /							
6	206			/ /							
7	207			/ /							
8	208			/ /							
9	209			/ /							
10	210			/ /							
11	211			/ /							
12	212			/ /							
13	213			/ /							
14	214			/ /							
15	215			/ /							
16	216			/ /							
17	217			/ /							
18	218			/ /							
19	219			/ /							
20	220			/ /							
21	221			/ /							
22	222			/ /							
23	223			/ /							
24	224			/ /							
25	225			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	226			/ /							
2	227			/ /							
3	228			/ /							
4	229			/ /							
5	230			/ /							
6	231			/ /							
7	232			/ /							
8	233			/ /							
9	234			/ /							
10	235			/ /							
11	236			/ /							
12	237			/ /							
13	238			/ /							
14	239			/ /							
15	240			/ /							
16	241			/ /							
17	242			/ /							
18	243			/ /							
19	244			/ /							
20	245			/ /							
21	246			/ /							
22	247			/ /							
23	248			/ /							
24	249			/ /							
25	250			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	251			/ /							
2	252			/ /							
3	253			/ /							
4	254			/ /							
5	255			/ /							
6	256			/ /							
7	257			/ /							
8	258			/ /							
9	259			/ /							
10	260			/ /							
11	261			/ /							
12	262			/ /							
13	263			/ /							
14	264			/ /							
15	265			/ /							
16	266			/ /							
17	267			/ /							
18	268			/ /							
19	269			/ /							
20	270			/ /							
21	271			/ /							
22	272			/ /							
23	273			/ /							
24	274			/ /							
25	275			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	276			/ /							
2	277			/ /							
3	278			/ /							
4	279			/ /							
5	280			/ /							
6	281			/ /							
7	282			/ /							
8	283			/ /							
9	284			/ /							
10	285			/ /							
11	286			/ /							
12	287			/ /							
13	288			/ /							
14	289			/ /							
15	290			/ /							
16	291			/ /							
17	292			/ /							
18	293			/ /							
19	294			/ /							
20	295			/ /							
21	296			/ /							
22	297			/ /							
23	298			/ /							
24	299			/ /							
25	300			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	301			/ /							
2	302			/ /							
3	303			/ /							
4	304			/ /							
5	305			/ /							
6	306			/ /							
7	307			/ /							
8	308			/ /							
9	309			/ /							
10	310			/ /							
11	311			/ /							
12	312			/ /							
13	313			/ /							
14	314			/ /							
15	315			/ /							
16	316			/ /							
17	317			/ /							
18	318			/ /							
19	319			/ /							
20	320			/ /							
21	321			/ /							
22	322			/ /							
23	323			/ /							
24	324			/ /							
25	325			/ /							

Student: _____
 Class No.: _____



佛州中医学
 Florida College of Integrative Medicine
 7100 Lake Elnor Drive, Orlando, Florida 32809 407.868.8689 Fax:407.868.8211

Official Use Only	
Assist I _____	Assist II _____
Secondary _____	Primary _____

Patient Logs

To Be Completed by Student								To Be Completed by Supervising Physician			
No.	Pt.Init.&Acct.#	Patient Time		mm/dd/yy	Assist		Treat		Supervising Physician Name	Supervising Physician Comments	Supervising Physician Signature
		In	Out		Assist I	Assist II	Secondary	Primary			
					(50) Req.	(50) Req.	(60) Max.	(190) Min			
1	326			/ /							
2	327			/ /							
3	328			/ /							
4	329			/ /							
5	330			/ /							
6	331			/ /							
7	332			/ /							
8	333			/ /							
9	334			/ /							
10	335			/ /							
11	336			/ /							
12	337			/ /							
13	338			/ /							
14	339			/ /							
15	340			/ /							
16	341			/ /							
17	342			/ /							
18	343			/ /							
19	344			/ /							
20	345			/ /							
21	346			/ /							
22	347			/ /							
23	348			/ /							
24	349			/ /							
25	350			/ /							