

SESSION HISTORY – PRIYA RAO, Ph.D.

<u>, Ph.D.</u>	Client:	
	CP:	
	DED:	Insurance:
	AGE:	Authorization:
	DOB:	Release on File:

Primary Dx: _____

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law



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Ph.D.	Client:	
	CP:	
	DED:	Insurance:
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Primary Dx: _____

Date of Service	Procedure Code	PN	Next Appt	Entered	Notes

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