**Medical Sign in Sheet**

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| Date: | **25-04-2019** |

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| **Patient Name** | **Treatment For** | **Doctor Name** | **Visited** | **Sign** |
| Jacob | Cold and Fever | Dr. James | Visited |  |
| Henry | Viral Fever | Dr. James | Visited |  |
| William | Rashes | Dr. Emily | Visited |  |
| Lily | Stomach Pain | Dr. Aiden | Visited |  |
| Emma | Fever | Dr. James | Not Visited |  |
| Oliva | Fever | Dr. James | Visited |  |
| Abigail | Knee Pain | Dr. Nora | Visited |  |
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| Signature: |  | **[XYZ Clinic]**  [9682 Race Street, Medford, MA 02155]  [+12365874996] |
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