Dongguk University Los Angeles Oriental Medical Center

DAILY INTERNSHIP TREATMENT RECORD

YEAR: SHEET NO: #

LEVEL: I II III	PRESENT QUARTER:	
INTERN NAME:	Student I.D. NUMBER:	

Date	Shift Am Pm Eve	File Number (#)	Treated Patient number (new pt/ reg pt)
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Official Use Only

Total number of patient treated	New Pt.	Revisit Pt.	Total
Approved by Intern Coordinator :		Date / /	