





**SECTION II - FOR PATIENT**

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS	
4. CONDITION <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN	
IMPRINT PATIENT DATA CARD	7. PATIENT INSTRUCTIONS		
	<b>I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS</b>	8. PATIENT'S SIGNATURE	

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**PATIENTS COPY**