

Chapter 3 Homework: Healthcare Team

Provider Name: _____ Credentials: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Services Provided: _____

Treating Diagnosis: _____

Medications Prescribed:

Provider Name: _____ Credentials: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Services Provided: _____

Treating Diagnosis: _____

Medications Prescribed:

Provider Name: _____ Credentials: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

Services Provided: _____

Treating Diagnosis: _____

Medications Prescribed:

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Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

Services Provided: _____

Treating Diagnosis: _____

Medications Prescribed:

Provider Name: _____ Credentials: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

Services Provided: _____

Treating Diagnosis: _____

Medications Prescribed:

Provider Name: _____ Credentials: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

Services Provided: _____

Treating Diagnosis: _____

Medications Prescribed:
