ME:	VWC FILE #:	·
·	CLAIM #:	
	MILEAGE AND PRESCRIPTION RECORD	
	lowing information for each visit to a doctor or other medical f	
ilitation training	cluding physical therapy. You may also include mileage incurred	for vocation
Date of	Name of Facility	Mile: Travel
Treatment	Name of Facility	Roundt
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		**
ease record the t eceints for each	ollowing information for any prescriptions or other prescribed median prescription must be attached along with the completed form.	cal needs.
Date	Specific Name of Medication or Product	Amou
	or froduct	
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		·