## MILEAGE AND PRESCRIPTION RECORD

Please record the following information for each visit to a doctor or other medical facility for any treatment received, including physical therapy. You may also include mileage incurred for vocational rehabilitation training.

Date Of	Name of Equility	Miles
	Name of Facility	Traveled
Treatment		Roundtrip

Please record the following information for any prescriptions or other prescribed medical needs. **Be sure to submit the receipts along with the completed form.** 

Date	Specific Name of Medication Or Product	Amount

## PHYSICIANS AND PHARMACY

Please record the following information for each visit to a doctor or other medical facility for any treatment received, including physical therapy. You may also include mileage incurred for vocational rehabilitation training.

Date		Miles
Of	Name of Facility/Physician	Traveled
Treatment		Roundtrip
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Please record the following information for any **PRESCRIPTIONS** or other prescribed medical needs. **Be sure to submit the receipts along with the completed form.** 

Date	Specific Name of Medication Or Product	Amount