



Attestation Statement

Visit Date: / /	Time In: : AM/PM	Time Out: : AM/PM
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Patient Name:	I certify that the caregiver performed this visit.
Patient Signature:	

I hereby attest that the medical entry for the above date accurately reflects the treatment provided by me and is true, accurate, and complete to the best of my knowledge.
Employee/Contractor Name:
Employee/Contractor Signature: