ABNORMAL FINDINGS FOLLOW-UP TICKLER CARD

PHALCON LABEL

Name _____

Date of Service _____

CHR# _____

DOB _____

Additional Information

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ADPH-FHS-102/REV/03/08

Date	Result/Finding	Action Taken (i.e., appt. made; phone call, first class letter, certified letter, home visit)	Comments/Follow-Up Date