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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | |
| Client Name | |  | | Approved Prescriber Name |  | |
| Date | | Where did you go? | How did you get there? | Comments | | When couldn’t you use your equipment? |
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| End of form | | | | | | |