**Facility/Medical Professional Report**

Facilities and Medical Professionals Referenced in Attached Medical Records with relevance to patient’s injuries.

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| --- | --- | --- | --- | --- |
| **Provider/Facility** | **Medical Professional** | **Page # mention** | **Do we have Record?** | **Do we have Invoice/Medical Bill?** |
| *Name of Office/Hospital, etc.* | *Name of Medical Professional Mentioned* | *Page #* | *Yes or No* | *Yes or No* |
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