

**Test or Procedure Record**

Not to be used for Hearing,  
Dental, Vision or Podiatry

Choices In Community Living, Inc.

1651 Needmore Road

Dayton, OH 45414

(937) 898-2220

Sent To:

Date

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Allergies \_\_\_\_\_

Test or procedure performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of person performing procedure \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Choices In Community Living, Inc., staff summary and follow-up instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

CICL Staff Signature \_\_\_\_\_