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SMG RECALL		SMG RECALL	
Pt Name:		Pt name:	
Pt Name: Diagnosis: Phone:		Pt name: Diagnosis: Phone:	
Provider: Pho	one:	Provider:	Phone:
SELF-MANAGEMENT GOAL		SELF-MANAGEMENT GOAL	
What:		What:	
How Much:		How Much:	
when:		When:	
How Orten:		How Often:	
Score:		Score:	
Score: Ret	turn Date:	2 Week Call Back:	Return Date:
First Notice	Second Notice	First Notice	Second Notice
SMG RECALL		SMG RECALL	
Pt Name:		Pt Name:	
Pt Name: Dia	ignosis:	DOB:	Diagnosis:
Provider: Pho	one:	Provider:	Phone:
SELF-MANAGEMENT GOAL		SELF-MANAGEMENT GOAL	
What:		What:	
How Much:		How Much:	
when:		When:	
How Often:		How Often:	
Score:		Score:	
2 Week Call Back: Ret	turn Date:	2 Week Call Back:	Return Date:
First Notice	Second Notice	First Notice	Second Notice