

PROVIDER ID: \_\_\_\_\_  
PROVIDER NAME: \_\_\_\_\_  
HOST NAME: \_\_\_\_\_  
HOST ID: \_\_\_\_\_  
PATIENT NAME: \_\_\_\_\_  
EVENT TYPE: \_\_\_\_\_  
EVENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (to \_\_\_\_/\_\_\_\_/\_\_\_\_)

NODE ID:

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**REPEATING IDENTICAL VISITS CONTINUATION SHEET  
FOR  
SEPARATELY BILLING DOCTORS FOR REFERENCE YEAR 2005**

B6c. Please tell me the dates of those other visits.

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OFFICE  
USE  
ONLY

