

Contractor Name: _____

<div><input type="checkbox"/> Please check box if you have not seen a patient this quarter.</div> <div>Facility Name _____</div>		<div>GOAL: 90%</div> <div>Y N</div> <div>Task 4.7 Semi-Annual Service</div>			<div>GOAL: 95%</div> <div>Y N</div> <div>Task 5.2 Delivery within 30 days</div>			<div>GOAL: 100%</div> <div>Y N NA</div> <div>Task 5.3 Correction of Deficiencies</div>			
<div>Patient Name _____</div> <div><input type="checkbox"/> New Limb</div> <div><input type="checkbox"/> Socket Replacement</div> <div><input type="checkbox"/> Repair</div>		<div>Was task completed? Please enter Yes, No or N/A <input type="checkbox"/></div> <div>Start Date (Follow-up visit): _____</div> <div>Date completed: _____</div> <div>Comments: _____</div>			<div>Was task completed? Please enter Yes or No <input type="checkbox"/></div> <div>Start Date (Receipt of delivery order): _____</div> <div>Date completed: _____</div> <div>Comments: _____</div>			<div>Was task completed? Please enter Yes, No or N/A <input type="checkbox"/></div> <div>Start Date (Written rejection notification): _____</div> <div>Date completed: _____</div> <div>Comments: _____</div>			
<div>_____</div> <div><input type="checkbox"/> New Limb</div> <div><input type="checkbox"/> Socket Replacement</div> <div><input type="checkbox"/> Repair</div>		<div>Was task completed? Please enter Yes, No or N/A <input type="checkbox"/></div> <div>Start Date (Follow-up visit): _____</div> <div>Date completed: _____</div> <div>Comments: _____</div>			<div>Was task completed? Please enter Yes or No <input type="checkbox"/></div> <div>Start Date (Receipt of delivery order): _____</div> <div>Date completed: _____</div> <div>Comments: _____</div>			<div>Was task completed? Please enter Yes, No or N/A <input type="checkbox"/></div> <div>Start Date (Written rejection notification): _____</div> <div>Date completed: _____</div> <div>Comments: _____</div>			
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Total			0	0		0	0		0	0	0