

Doctor's Visit

Patient Name: _____

Age: _____

Date of Birth: _____

Pain Scale



Temp.  _____

Height  _____

Weight  _____

Checklist

Eyes 

Ears 

Nose 

Throat 

Arms 

Legs 

Lungs 

Heart 

Treatment



Ice



Rest



Vaccine



Medicine



Bandage



Surgery

Restaurant Menu

Drinks



Water
\$0.50



Milk
\$1.00



Chocolate
Milk- \$1.00



Juice
\$1.00



Soda
\$0.50

Entree



Burger
\$3.00



Hot Dog
\$2.00



Pizza
\$2.00



Pasta
\$3.00



Chicken
\$2.00

Sides



Fries
\$1.50



Apple
\$0.50



Broccoli
\$0.50



Mozzarella
Sticks
\$2.00



Salad
\$1.00

Dessert



Cookie
\$0.50



Cake
\$1.00



Pie
\$1.00



Ice Cream
\$0.50



Pudding
\$0.50

Order Total: \$ _____