

Patient Name

**Provider List - Number of visits and date range for each provider**

DATE RANGE	FACILITY/PROVIDER	NUMBER OF VISITS	PDF REF
<i>Incident on MM/DD/YYYY</i>			
11/01/YYYY	ABC Healthcare XXXX, M.D. <i>(Radiologist)</i>	1	157-158
09/27/YYYY – 12/20/YYYY	ABC Care of Cape Cod, P.C. XXXX, M.D. <i>(Internal Medicine)</i> XXXX P.A. <i>(Physician assistant)</i>	9	169-199
02/19/YYYY – 08/11/YYYY	BCB Physical Therapy Hyannis XXXX, P.T. <i>(Doctorate in Physical Therapy)</i> XXXX, PTA <i>(Physical Therapist Assistant)</i>	25	70-100, 105-124, 9-11, 15-44, 49-57
11/08/YYYY – 10/24/YYYY	BCB Medicine XXXX, M.D. <i>(Orthopedic surgeon specializing in foot and ankle surgery)</i> XXXX, PA-C <i>(Physician Assistant)</i>	6	62-69, 101-104, 12-14, 45-48, 58-61
09/27/YYYY – 11/19/YYYY	ABC Hospital XXXX, D.O. <i>(Radiologist)</i> XXXX, M.D. <i>(Radiologist)</i>	2	162, 160, 149

*\* We have included the physician specialty in the facility/provider column based on the information available in the medical records and web search.*

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