



COMPLETION OF TREATMENT

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH PROMOTION & CHRONIC DISEASE PREVENTION

SFN 52956 (2-2023)

Name of Patient	Date of Birth
Name of Health Care Facility	Date Treatment Completed

Name of Health Care Provider (Print)	
Signature of Health Care Provider	Date

Name of <i>Women's Way</i> Local Coordinator (Print)	
Signature of <i>Women's Way</i> Local Coordinator	Date