

NAME:

MIGRAINES CALENDAR

MIGRAINE AND NEUROGENIC PAIN CENTER AT PIERCEY NEUROLOGY LLC

Sun	Mon	Tue	Wed	Thu	Fri	Sat

RECORD:

1. THE DAYS YOU HAVE A MIGRAINE.
2. ITS INTENSITY (IE CAN USE 1 - 10 SCALE...OR ANY SCALE THAT MAKES SENSE).
3. WHAT TREATMENT YOU USED; WHETHER THE TREATMENT WAS EFFECTIVE.



PIERCEY NEUROLOGY LLC
650 SW 3RD STREET, CORVALLIS OR 97333-4437
PHONE: 541-207-3900, FAX: 541-207-3232

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